



## Michigan Rehabilitation Services

*Rehabilitation  
Services  
Manual*

# Table of Content

## Section I – Service Delivery Manual Overview

[Introduction](#)

[Foreword](#)

## Section II – General Policies

<a href="#">Ethical Conduct</a> .....	2000
<a href="#">Rehabilitation Counseling and Guidance</a> .....	2025
<a href="#">Non-discrimination</a> .....	2050
<a href="#">Case Records</a> .....	2075
<a href="#">Hard Copy Case Record Contents and Order</a> .....	2080
<a href="#">Confidentiality, Release of Information</a> .....	2100
RA-26 – Consent to Release Personal Information	
RA-2773 – Release Authorization Letter	
<a href="#">Freedom of Information Act Requests</a> .....	2125
<a href="#">Lawsuits and Subpoenas</a> .....	2150
RA-27 – Letter Requesting Client Release of Information	
<a href="#">Client Appeals, Mediation and Hearings</a> .....	2175
<a href="#">Client Assistance Program (CAP)</a> .....	2200
<a href="#">Informed Choice</a> .....	2225
<a href="#">Rights and Responsibilities</a> .....	2250
<a href="#">Citizenship and Residency</a> .....	2275
<a href="#">Order of Selection For Services</a> .....	2300
<a href="#">Signatures and Notifications</a> .....	2325
<a href="#">Transferring Cases</a> .....	2350

## Section III – Referral, Application, Intake, Eligibility, and Vocational Assessment

<a href="#">Referrals</a> .....	3000
<a href="#">Orientation</a> .....	3025
<a href="#">Application</a> .....	3050
RA-2409 – Employment Planning Checklist	
RA-2910 – Application for Employment Services	
RA-2910-Spanish – Application for Employment Services - Spanish Version	
RA-4577 – Student Checklist for Michigan Rehabilitation Services	
<a href="#">Application of Agency Employees and Relatives</a> .....	3075
<a href="#">Eligibility Criteria</a> .....	3100

<a href="#"><u>Eligibility Assessment</u></a> .....	3125
RA-21 – General Medical Examination Report	
RA-24 – Information Request	
RA-2738 – Mental Health Report	
RA-2750 – Significant Disability Determination Worksheet	
RA-2908 – Diagnosis Plan	
RA-4672 – Report of Dental Examination	
RA-4683 – Physical Capacities Assessment	
RA-55 – Report of Eye Examination	
<a href="#"><u>Individuals Employed at Intake</u></a> .....	3150
<a href="#"><u>Extended Assessment</u></a> .....	3175
<a href="#"><u>Determination of Eligibility and Priority Category</u></a> .....	3200
<a href="#"><u>Continuing Eligibility</u></a> .....	3225
<a href="#"><u>Ineligibility Determination</u></a> .....	3250
<a href="#"><u>Vocational Needs Assessment</u></a> .....	3275
RA-65 – Homemaker Activities	
RA-89 – On-The-Job Evaluation or Training Agreement	

## **Section IV – Disabilities**

<a href="#"><u>Information</u></a> .....	4000
<a href="#"><u>Acquired Immune Deficiency Syndrome (AIDS)</u></a> .....	4025
<a href="#"><u>Allergy</u></a> .....	4050
<a href="#"><u>Cosmetic Disfigurement</u></a> .....	4075
<a href="#"><u>End Stage Renal Disease (ESRD)</u></a> .....	4100
<a href="#"><u>Epilepsy</u></a> .....	4125
<a href="#"><u>Hearing Impairments</u></a> .....	4150
RA-60 – McCarthy-Alpiner Scale	
RA-67 – Workplace Assessment for Individuals with a Hearing Loss	
<a href="#"><u>Mental Illness</u></a> .....	4175
<a href="#"><u>Mental Retardation</u></a> .....	4200
<a href="#"><u>Obesity</u></a> .....	4225
<a href="#"><u>Respiratory Impairments</u></a> .....	4250
<a href="#"><u>Sickle Cell Anemia</u></a> .....	4275
<a href="#"><u>Specific Learning Disabilities (SLD)</u></a> .....	4300
<a href="#"><u>Speech Impairments</u></a> .....	4325
<a href="#"><u>Substance Abuse</u></a> .....	4350
RA-2775 – Alcohol and Other Drug Assessment Report	
RA-2777 – Alcohol and Other Drug Screening Instrument	
RA-2777Span – Alcohol and Other Drug Screening Instrument – Spanish version	
<a href="#"><u>Traumatic Brain Injury</u></a> .....	4375
<a href="#"><u>Visual Impairments</u></a> .....	4400

## **Section V – Planning, Service Provision**

<a href="#"><u>Development of the Individualized Plan for Employment</u></a> .....	5000
RA-2915s – Individualized Plan for Employment	
RA-2915s-Spanish – Individualized Plan for Employment in Spanish	
<a href="#"><u>Employment Goal and Outcome</u></a> .....	5025
<a href="#"><u>Individualized Plan for Employment</u></a> .....	5050
<a href="#"><u>Supported Employment</u></a> .....	5075
<a href="#"><u>Comparable Benefits</u></a> .....	5100
<a href="#"><u>Financial Participation</u></a> .....	5125
<a href="#"><u>Individualized Plan for Employment Amendment</u></a> .....	5150
<a href="#"><u>Annual Review of the Individualized Plan for Employment</u></a> .....	5175
<a href="#"><u>Self-Employment and Small Business</u></a> .....	5200
<a href="#"><u>Termination of Services</u></a> .....	5225

## **Section VI – Services**

<a href="#"><u>Services</u></a> .....	6000
<a href="#"><u>Accommodations</u></a> .....	6025
<a href="#"><u>Acupuncture and Alternative Therapies</u></a> .....	6050
<a href="#"><u>Assistive Listening Devices</u></a> .....	6075
<a href="#"><u>Cochlear Implants</u></a> .....	6100
<a href="#"><u>Counseling and Guidance</u></a> .....	6125
<a href="#"><u>Dental Treatment</u></a> .....	6150
<a href="#"><u>Employment Follow-Up</u></a> .....	6175
<a href="#"><u>Equipment and Tools</u></a> .....	6200
<a href="#"><u>Hearing Aids</u></a> .....	6225
RA-62 – Audiology Referral Form	
RA-63 – Request for Comparative Price Quotation on Hearing Instruments	
<a href="#"><u>Experimental or Unproven Treatment</u></a> .....	6250
<a href="#"><u>Home Modifications</u></a> .....	6275
<a href="#"><u>Independent Living Services</u></a> .....	6300
<a href="#"><u>Interpreter Services</u></a> .....	6325
<a href="#"><u>Maintenance</u></a> .....	6350
<a href="#"><u>Native American Healers</u></a> .....	6375
<a href="#"><u>Other Goods and Services</u></a> .....	6400
<a href="#"><u>Personal Assistance Services</u></a> .....	6425
<a href="#"><u>Job Placement</u></a> .....	6450
<a href="#"><u>Protheses and Orthoses</u></a> .....	6475
<a href="#"><u>Relocation Expenses</u></a> .....	6500
<a href="#"><u>Services to Family Members</u></a> .....	6525
<a href="#"><u>Task Analysis</u></a> .....	6550
RA-2435A – Task Analysis Summary Part I	
RA-2435B – Task Analysis Summary Part II	
RA-2435C – Task Analysis Summary Part III	
RA-4683 - Physical Capacities Assessment	

<a href="#"><u>Telephone Devices for the Deaf and Hard of Hearing</u></a> .....	6575
<a href="#"><u>Training</u></a> .....	6600
<a href="#"><u>Training – College and Vocational</u></a> .....	6625
RA-4550 – Postsecondary Disability Services Referral	
RA-4640 – Monthly Training Progress Report	
RA-5 – Notice of Postsecondary Training Assistance	
RA-6627 – Statement of Financial Needs, Resources and Authorization	
<a href="#"><u>Training – Correspondence</u></a> .....	6650
<a href="#"><u>Training – Driver Education</u></a> .....	6675
<a href="#"><u>Training – On-The-Job</u></a> .....	6700
<a href="#"><u>Training – Tutorial</u></a> .....	6725
RA-4651 – Application to Tutor	
RA-4652 – Tutorial Time and Progress Report	
<a href="#"><u>Training – Work Adjustment</u></a> .....	6750
<a href="#"><u>Transportation Services, Miscellaneous</u></a> .....	6775
<a href="#"><u>Vehicle Insurance</u></a> .....	6800
RA-4659 – Request for Vehicle Insurance Quotation	
<a href="#"><u>Vehicle Modification</u></a> .....	6825
<a href="#"><u>Vehicle Purchase</u></a> .....	6850
RA-4657 – Vehicle Inspection Report	
<a href="#"><u>Vehicle Repair</u></a> .....	6875
RA-4657 – Vehicle Inspection Report	
<a href="#"><u>Wheelchair/Powered Mobility Devices</u></a> .....	6900

## **Section VII – Case Closure**

<a href="#"><u>Case Closed Prior to Eligibility</u></a> .....	7000
<a href="#"><u>Case Closed Due to Severity of Disability</u></a> .....	7025
<a href="#"><u>Case Closed After Eligibility</u></a> .....	7050
<a href="#"><u>Rehabilitated Case Closure</u></a> .....	7075
<a href="#"><u>Case Closed Not Rehabilitated</u></a> .....	7100
<a href="#"><u>Rehabilitated Case Closure in Supported Employment</u></a> .....	7125
<a href="#"><u>Notice of Case Closure</u></a> .....	7150
<a href="#"><u>Post Employment Services</u></a> .....	7175
<a href="#"><u>Referrals to Other Agencies</u></a> .....	7200
<a href="#"><u>Annual Review of Case Closure Due to Severity of Disability</u></a> .....	7225
<a href="#"><u>Annual Review of Case Closed in Extended Employment in</u></a> <a href="#"><u>Community Rehabilitation Program</u></a> .....	7250
<a href="#"><u>Annual Review of Case Closed with a Deviated Wage</u></a> .....	7275

## Section VIII – Other Programs

<a href="#">Federal Civil Service Placement Options</a> .....	8000
<a href="#">Business Owned by a Person with a Disability</a> .....	8025
RA-112 – PA-112 Handicapper Verification .....	
<a href="#">Michigan Career and Technical Institute (MCTI)</a> .....	8050
<a href="#">MRS Disability Management</a> .....	8075
RA-2947 – Disability Management Program Request for Services .....	
<a href="#">Social Security Recipients Reimbursement Reporting Requirements</a> .....	8100
RA-28-SSA-3288 – SSA Consent for Release of Information .....	
<a href="#">State Civil Service Placement</a> .....	8125
<a href="#">Transitional Employment Programs for Persons with Severe Mental Illness Using a Psychological Clubhouse Model</a> .....	8150
<a href="#">Vocationally Handicapper Certification</a> .....	8175
RA-4476 – Vocationally Handicapped Employer’s Certificate .....	
RA-4476A – Vocationally Handicapped Worker’s Certificate .....	
RA-4478 – Vocationally Handicapped Letter .....	
RA-76 – Vocationally Handicapped Certificate Log .....	
<a href="#">Wage Deviation</a> .....	8200
WH-226 – Application for Authority to Employ Workers with Disabilities at Special Minimum Wage .....	
WH-226A – Supplemental Data Sheet for Application for Authority to Employ Workers with Disabilities at Special Minimum Wages .....	
RA-8200a – Application for Individual Wage Deviation Certification .....	
RA-8200b-temp – Wage Deviation Appraisal Report .....	
<a href="#">Workers Disability Compensation</a> .....	8225
RA-140 – Workers’ Disability Compensation Case Information .....	

## Section IX Fiscal Processes

<a href="#">Purchased Services</a> .....	9000
<a href="#">Rates of Payment</a> .....	9025
<a href="#">Service Provider Standards</a> .....	9050
<a href="#">Independent Contractors</a> .....	9075
RA-4589 – Purchase of Service Agreement .....	
<a href="#">Purchase of Services and Priority Order</a> .....	9100
<a href="#">Authorization to Vendor</a> .....	9125
<a href="#">Letter of Intent</a> .....	9150
<a href="#">Retroactive Authorization</a> .....	9175
<a href="#">Billing- Payment for Services</a> .....	9200
<a href="#">Direct and Recurring Authorization</a> .....	9225
<a href="#">Emergency Payment – Direct Authorization</a> .....	9250
<a href="#">Third Party Authorizations</a> .....	9275
<a href="#">Competitive Bids and Price Quotations</a> .....	9300
RA-4587 – Request for Bid/Quotation .....	
<a href="#">Approval Authority</a> .....	9325
<a href="#">Services to Groups of Clients</a> .....	9350

## Section X - Codes

To be handled later

### Glossary

Terms unique to the Michigan Rehabilitation Services Workforce Development Policy and Procedural Manual are listed and defined as follows:

### **Job Aids**

Confidentiality and Release of Information.....	2100a-JA
Disability Priority Job Aid.....	3200a-JA
Disability Priority – Serious Limitations Job Aid.....	3200b-JA
Disability Priority and Significance of Disability Job Aid for Persons with Addiction Disorders (Alcoholism and Drug Dependence) .....	3200c-JA
Common Job Titles for OES Categories.....	5025a-JA
Accommodations for Individuals with Hearing Loss in Classroom and Related Settings.....	6025a-JA
College Training Policy Job Aid.....	6625a-JA
Instructions for Completing Statement of Financial Needs, Resources and Authorization (RA-6627), Part B.....	6625b-JA
Assistive Listening Devices Job Aid .....	6075a-JA
Assistive Listening Devices.....	6075b-JA
Fit Factors: Vehicle Modification/Purchase .....	6825a-JA
State Employees’ Work Aid .....	8075a-JA
Workers’ Compensation Work Aid .....	8075b-JA
Auto No-Fault Work Aid.....	8075c-JA
Lien Letter.....	8075d-JA
Understanding Ticket Concepts.....	8100a-JA

### **Casework Notes**

Casework Notes Issue 1 .....	September 1999
Casework Notes Issue 2 .....	September 1999
Casework Notes Issue 3 .....	March 29, 2000
Casework Notes Issue 4.....	April 18, 2000
Casework Notes Issue 5 .....	May 23, 2000
Casework Notes Issue 6.....	June 20, 2000
Casework Notes Issue 7 .....	July 2000
Casework Notes Issue 8.....	December 2000
Casework Notes Issue 9 .....	January 18, 2001
Casework Notes Issue 10.....	February 2001
Casework Notes Issue 11 (No Issue 11 was published)	
Casework Notes Issue 12.....	April 2001
Casework Notes Issue 13 .....	June 2001
Casework Notes Issue 14.....	December 2001



Casework Notes Issue 15 .....	September 2005
Casework Notes Issue 16 .....	September 2006

## Manual Revisions

### **MRS-IM (Informational Memorandums)**

Payment for Record Copying.....	MRS-IM-02-02
College Training Policy Job Aid.....	MRS-IM-03-01
Purchase of Speech Easy and Fluency Master Speech Fluency Devices .....	MRS-IM-03-04
Accommodations for Individuals with Hearing Loss in Classroom and Related Settings.....	MRS-IM-03-05
Transitional Casework Review Procedures .....	MRS-IM-04-01
Use of Wage Data in Agency Casework.....	MRS-IM-04-02
Improving Informed Choice Information .....	MRS-IM-05-01
State Civil Service Placement, 12 Month Trial Appointment Program.....	MRS-IM-06-01
Casework Implications of Minimum Wage Increase in Michigan .....	MRS-IM-07-01
Revision of Form, RA-6627, Statement of Financial Needs, Resources, and Authorization and Instructions.....	MRS-IM-07-02

### **MRS-PD (Policy Directives)**

Hearing Aid Purchase .....	MRS-PD-02-02
Ticket to Work and Work Incentives Improvement Act of 1999 .....	MRS-PD-03-01
Ticket to Work and Work Incentives Improvement Act of 1999 .....	MRS-PD-03-02
New Rehabilitation Services Manual.....	MRS-PD-03-03
Documentation of IPE Rehabilitation Counseling Summary .....	MRS-PD-03-04
Revision of Rehabilitation Services Manual Item 3000 – Referrals.....	MRS-PD-04-01
Revised Information Release Form, RA-24.....	MRS-PD-04-02
Re-designation of the Client Assistance Program (CAP) and Release of Records to CAP.....	MRS-PD-04-03
Supported Employment – Manual Item 5075 .....	MRS-PD-04-04
Case Transfer Policy Revision – Manual Item 2350 .....	MRS-PD-04-05
Case Record Identification Documentation – Manual Item 2075 .....	MRS-PD-04-06
College and Vocational Training Policy – Manual Item 6625 .....	MRS-PD-04-07
Memorandum of Understanding Between MRS and the Client Assistance Project .....	MRS-PD-05-01
District Review Teams.....	MRS-PD-05-02
Hearing Impairments .....	MRS-PD-05-03
College and Vocational Training Policy, Financial Needs Test.....	MRS-PD-05-04
College and Vocational Training, Interim Waiver Policy .....	MRS-PD-05-05
Vocationally Handicapped Cert. Program – Manual Item 8175.....	MRS-PD-05-06
MRS Disability Management Program – Manual Item 8075 .....	MRS-PD-06-01
Hard Copy Case Record Contents and Order – Manual Item 8075 And Case Record – Manual Item 2075.....	MRS-PD-06-02
Hard Copy Card Record Contents and Order (Corrected) – Manual Item 2080 .....	MRS-PD-06-02
Personal Assistance Services – Manual Item 6425 and Introduction to Services, Section VI.....	MRS-PD-06-03

Individualized Plan for Employment Amendment – Manual Item 5150.....	MRS-PD-06-04
Confidentiality and Release of Information – Manual Item 2100 .....	MRS-PD-06-05
College and Vocational Training, Amended Policy Waiver .....	MRS-PD-06-06
Purchased Services and Bulk Authorizations – Manual 9000 and 9375 .....	MRS-PD-07-01
Wage Deviation, Annual Review of Case Closed in Extended Employment in Community Rehabilitation Program, and Annual Review of Case Closed with a Deviated Wage – Manual Item 8200, 7250 and 7275 .....	MRS-PD-07-02
Eligibility Criteria and Presumed Eligibility and Individualized Plan for Employment .....	MRS-PD-07-03

**MRS-TAM (Technical Assistance Memos)**

Race and Ethnicity Coding in the Case Record .....	TAM-04-01
State Disability Assistance.....	TAM-05-01
Licensed Occupations, Ex-Offenders and Substance Abusers .....	TAM-06-01

## **Introduction**

### **Service Delivery Manual Overview**

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#### **Introduction:**

This document contains Agency policies, procedures and information for the provision of vocational rehabilitation services for applicants and eligible individuals with disabilities who require Agency services.

#### **Policies:**

Policies are primarily based in federal and state laws, regulation, and regulatory requirements, which direct and condition how services are delivered. As such, there can be no exceptions to the policies in this document.

The foreword to the document sets forth the purpose of the Title I program as stated in the 1998 Amendments and is included to ensure a common understanding of program intent. The manual begins with the policy on ethical conduct. It articulates the values inherent in a customer focused service delivery system, which is dependent on the highest level of counselor professionalism.

#### **Procedures:**

The Procedures contain essential processes and procedural elements necessary to carry out service delivery policy. Policy and procedures are basic references underlying the AWARE case management system. Procedures must be followed unless otherwise indicated.

#### **Information:**

Information contains additional resources and references that relate to that particular policy.

#### **Forms:**

The samples of the casework forms provide a ready reference to available forms, some of which are optional and others, which are required as described in Policy and Procedures.

#### **Glossary:**

The glossary will have terms unique to the Michigan Rehabilitation Services Policy and Procedures and will be listed and defined as appropriate.

## Introduction

### Service Delivery Manual Overview

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#### Casework Notes:

The Casework Notes are issues and questions that are brought up in the day-to-day casework aspects that need more clarification on how best to apply the Policy and Procedures. They are located at the back section of the manual. Because the Casework Notes are an internal communication method for Agency staff and may contain information that would be unique and specific to a particular incident or person, they should not be release or be viewed by the general public.

#### Job Aids:

Job Aids are additional assistance provided for various aspects of casework that may not be covered in the Policy and Procedures. Job Aids are designed to assist Agency staff only, and are located at the back section of the manual. They should not be release or viewed by the general public.

#### Terminology:

The terminology used in the Policy and Procedures manual are spelled out below for clarity.

**Shall** is used when something must be done or is commanded. Many *Procedures* will require an action to be done in a particular way. They will use "shall".

**May** gives permission to take action.

Many policies in the Services section will be may. This permits a counselor to do something but does not require it, because many customers don't need the service.

**Can** is used to describe that someone has the ability to do something.

**May not or shall not** are used when an action is not permitted or is prohibited. These are found in both policy and procedures.

## Foreword

### Service Delivery Manual Overview

..... foreword .....

The purpose of Title I of the Rehabilitation Act of 1973, as amended, is to provide for "a comprehensive, coordinated, effective, efficient, and accountable program of vocational rehabilitation which is an integral part of a statewide workforce investment system, and designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, and capabilities, interests and informed choice, so that such individuals may prepare for and engage in gainful employment." [P.L. 105-220 § 100 (a)(2)]

## **Ethical Conduct General Policies**

Rev. 1/2000

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### **Policy:**

Agency staff shall place the interests of the individuals whom they serve above their own personal interests. They shall treat their positions as a public trust, using public resources and their duties and powers only to advance the public interest.

Agency staff shall adhere to the following principles of ethical conduct, in addition to any other ethical standards appropriate to their professions.

- Each individual will be treated with integrity and as a unique individual.
- Each individual's trust and confidence will be maintained consistent with policies and laws regarding confidentiality and disclosure.
- A professional relationship with each individual will be maintained which contributes to the individual's rehabilitation and employment. The individual-counselor relationship will not be exploit for monetary, sexual, personal or other reasons.
- Professional standards in the provision of rehabilitation services will be adhered to so as to not cause or contribute to the harm of the individual or others.
- Personal and professional strengths and limitations will be recognized and supervisory or other consultation will be sought when necessary to assure appropriate service delivery.
- Professional competence in rehabilitation practices will be maintained through continuous personal and professional development, so that individuals are assured of the highest level of service.
- Personal integrity and honesty will be maintained in dealing with the public, colleagues, and individuals so as not to discredit the profession or the Agency.

## Rehabilitation Counseling and Guidance General Policies

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### Policy:

Rehabilitation counseling and guidance are essential rehabilitation services directed toward the achievement of an employment outcome and provided directly by the counselor throughout the course of the individual's vocational rehabilitation.

### Procedure:

The case record shall reflect the provision of rehabilitation counseling and guidance.

### Information:

*Counseling in vocational rehabilitation is the collaborative process between the individual and the counselor in which they assess the individual's strengths, resources, priorities, abilities, capabilities, interests and rehabilitation needs; explore, clarify and assess employment and career options; address barriers to be overcome; and develop and carry out a plan of action that will result in meaningful employment for the individual based on his or her informed choice.*

The following values are implicit in the rehabilitation counseling relationship:

- belief in the dignity and worth of all people,
- recognition of the importance of the person's assets,
- facilitation of independence, integration, and inclusion of people with disabilities in employment and in the community,
- commitment to models of service delivery that emphasize integrated, comprehensive services mutually planned by the consumer and counselor,
- commitment to supporting persons with disabilities in activities of self-advocacy and self-empowerment,
- emphasis on the holistic nature of human function, which is facilitated by interdisciplinary teamwork.

The scope of practice of rehabilitation counseling, as recognized by the profession, includes;

- assessment and appraisal;
- diagnosis and rehabilitation planning;

## Rehabilitation Counseling and Guidance

### General Policies

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- career counseling;
  - self-advocacy counseling;
  - individual and group counseling interventions focused on facilitating adjustments to the medical and psychosocial aspects of disability,
  - case management services coordination;
  - program evaluation and research;
  - intervention to remove environmental, employment and attitudinal barriers;
  - consultation services between multiple parties and regulatory systems;
  - job development and placement services, including assistance with employment and job accommodations; and,
  - providing consultation and access to rehabilitation technology.

*Guidance* involves the provision of information and advice about careers, the labor market, training options, education, and the world of work, as related to the skills, aptitudes and career aspirations of the individual so that informed choices can be made about these matters by the individual.

The term “counselor” is generally used throughout this manual to denote an Agency Rehabilitation Counselor unless otherwise indicated.



**Non-Discrimination  
General Policies****Policy:**

Individuals shall not be discriminated against because of their age, color, creed, marital status, national origin, race, sex, or type of disability.

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**Policy:**

A case record shall be maintained for each individual served by the Agency that contains documentation to support the decisions and actions of the counselor.

**Procedure:**

Agency staff are responsible for accurate, timely and factual documentation in the case record. The case record shall document the following, as appropriate to the status of the case:

- orientation to Agency services to applicants that meet the requirements of Policy 3025;
- referral of applicants to another program for services, including the referral of an individual to a Michigan Works! Provider pending services under an order of selection; or to an extended (sheltered) employment provider for applicants who seek extended employment;
- the justification and plan for an extended assessment and/or trial work experiences;
- determination of eligibility, significance of disability, and priority order for Order of Selection;
- assessment of vocational rehabilitation needs to determine the goals, nature and scope of services in the Individualized Plan for Employment (IPE);
- the provision of written information to eligible individuals about IPE planning options;
- the provision of counseling, guidance and information to facilitate client informed choice in assessment, IPE planning and case progress;
- the extent to which an eligible individual exercises informed choice throughout the individual's rehabilitation program;
- the justification for the use of any assessment and IPE services in other than integrated settings;
- prior to the completion of an IPE, a counseling summary of the vocational rehabilitation issues facing the individual and how these issues will be addressed through planned IPE services. Such a summary shall include the basis and rationale for the job goal and service decisions reached by the individual and counselor in the IPE;
- the completion of an IPE in accordance with Policy 5050;
- the provision of direct, arranged or purchased services;
- the search for, and use of, comparable benefits;
- the authorization of Agency funds consistent with Agency fiscal procedures;
- the outcome of an annual review for an individual receiving IPE services;
- the wages and benefits for clients competitively employed at or above minimum wage and at similar wage and benefit levels as others in the community in similar work;
- the request and result of a client appeal;

## Case Records General Policies

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- at successful case closure, documentation that IPE services contributed substantially to the IPE outcome, that the employment outcome is consistent with Policy 7075, and that the individual agreed the employment is satisfactory;
  - justification for a case closure that is other than rehabilitated;
  - outcome of an annual review of an individual closed in extended (sheltered) employment, or too significantly disabled to benefit from Agency services in terms of employment;
  - consideration of the need for, planning or provision of post-employment services for individuals whose case record is closed as rehabilitated, and;
  - meaningful contact between counselor and client at appropriate intervals from intake through closure.

The case record will document all other information necessary to comply with federal reporting purposes and management needs. This includes a copy, made by Agency staff, of the applicant's original social security card, or other reliable proof of social security name and number generated by the SSA; a work visa (if necessary); and copies of information verifying their date of birth and legal name, such as an insurance card, birth certificate, driver's license or other similar legal document.

When an identity discrepancy arises, further Agency services may not be authorized until discrepancies related to the customer's identity and/or social security number are resolved.

If an individual believes that information generated by Agency staff in the case record is inaccurate or misleading, the individual may request that the information be amended. If the counselor determines that the information should not be changed, the request for an amendment shall be documented in the case record.

### **Information:**

Case progress reports will be recorded in the Agency's Accessibility Web-Based Activity and Reporting Environment (AWARE) throughout the various modules. Within the module "Case Note," decisions, actions or events are to be recorded which significantly impact an individual's case. Case statuses are application, eligibility, services and closure, and are used to indicate where the case is in the rehabilitation process.

## Hard Copy Case Record Contents and Order General Policies

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### Policy:

Hard copy case record contents and order shall be consistent throughout the Agency.

### Procedure:

#### Current Hard Copy Case Records (Current Cases)

For currently active hard copy case records, it is not necessary to retroactively rearrange the case file to conform to the “Case Record Order” section of this directive. However, all current hard copy case records must contain the following, as required in the 1999 ARMS Training Manual, which previously set the standard for hard copy content.

- Signed Application
- Signed IPE
- Copy of the closure letter
- Paid bills
- Appropriate medical and psychological documents
- Reports
- Releases of information
- Correspondence

In addition, the following items must be contained in a hard copy case record per current Agency policy:

- All documents requiring the signature of the counselor or client (2325)
- A copy, made by Agency staff, of the applicant’s original social security card or other reliable proof of social security name and number generated by SSA (2075)
- Copies of verification of SSA eligibility that includes the customer’s Social Security Number (8100)
- All Employment Network Agreement – Ticket case records shall have copies of all MRS Referral Packet information (8100)
- A release of information (RA-28 – SSA-3288) shall be in all case records of SSA recipients to allow the Agency to communicate with SSA and Maximus (8100)
- Applicants, who receive SSA cash benefits under the disability program, are presumed eligible upon written verification of their eligibility for SSDI/SSI disability payments. Copies of any information used to verify eligibility shall be retained in the file (8100)
- A copy of a work visa, for non U.S. Citizens (2075)
- Copies of information verifying the client’s date of birth and legal name (e.g. birth certificate; driver’s license; Medicaid, Medicare, or other health insurance card; or other similar legal document) (2075)
- Case notes, if not in AWARE (2075)
- Documentation of residency, when residency is in question (2275)

## Hard Copy Case Record Contents and Order General Policies

### New Hard Copy Case Records (New Cases)

#### Case Record Contents

The hard copy case folder shall contain the following:

1. All documents which require signatures. This includes:
  - A signed and completed Agency application for services or a signed request for services that provides information equivalent to an Agency Application
  - Signed consents to release or request personal information
  - Signed (by Agency counselor and client) IPE and IPE Amendments
  - Signed authorizations for services, paid authorizations, bills, receipts, invoices
  - Other Agency documents requiring the signature of the counselor or client (e.g. a behavioral contract)
2. A copy, made by Agency staff, of the applicant's original social security card or other reliable proof of social security name and number generated by SSA (2075)
3. Copies of verification of SSA eligibility that includes the customer's Social Security Number (8100)
4. All Employment Network Agreement – Ticket case records shall have copies of all MRS Referral Packet information (8100)
5. A release of information (RA-28 – SSA-3288) shall be in all case records of SSA recipients to allow the Agency to communicate with the SSA and Maximus (8100)
6. Applicants who receive SSA cash benefits under the disability program are presumed eligible upon written verification of their eligibility for SSDI/SSI disability payments. Copies of any information used to verify eligibility shall be retained in the file (8100)
7. A copy of a work visa, for non U.S. citizens
8. Documentation of residency, when residency is in question
9. Copies of information verifying the client's date of birth and legal name (e.g. birth certificate; driver's license; Medicaid, Medicare, or other health insurance card; or other similar legal document)
10. The following documents, if not contained in the AWARE case record:
  - Medical and psychological documents (e.g. diagnostics)
  - Reports (e.g. vocational evaluations, etc.)
  - Correspondence
  - Case notes
  - Miscellaneous case materials deemed appropriate and necessary by the counselor or district/site office

## Hard Copy Case Record Contents and Order

### General Policies

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### Case Record Order

The case record shall be organized into categories. District offices shall decide on a local basis how to identify and separate each category within the case folder (e.g. clips, fasteners, dividers, etc.).

Within each category, documents shall be organized chronologically, with the oldest documents at the back of the category and the most recent documents on top. The case record categories shall be organized in the following order, with the closure letter in the front of the case folder and fiscal documents in the back.

#### *Front of Case Folder*

- Closure letter
- Signed IPE and IPE amendments
- Application and related materials
  - ❖ Signed Application/Request for Services
  - ❖ Copies of information verifying the client's date of birth and legal name (e.g. birth certificate; driver's license; Medicaid, Medicare, or other health insurance card; or other similar legal document)
  - ❖ A copy, made by Agency staff, of the applicant's original Social Security card or other reliable proof of Social Security name and number generated by SSA
  - ❖ A copy of a work visa (if necessary)
  - ❖ Signed consents to release/request personal information
  - ❖ Documentation of residency when residency is in question
- Case notes not in AWARE
- Medical, psychological and other diagnostic reports
- Reports (vocational evaluation, training, progress)
- Correspondence and miscellaneous (other Agency documents requiring the signature of counselors of clients, case materials/forms deemed appropriate by counselor or district/site office)
- Social Security documents
  - ❖ Copies of verification of SSA eligibility that includes the customer's Social Security Number
  - ❖ All Employment Network Agreement – Ticket case records shall have copies of all MRS Referral Packet information
  - ❖ A release of information (RA-28 – SSA-3288) shall be in all case records of SSA recipients to allow the Agency to communicate with the SSA and Maximus
  - ❖ Applicants who receive SSA cash benefits under the disability program are presumed eligible upon written verification of their eligibility for SSDI/SSI disability payments. Copies of any information used to verify eligibility shall be retained in the file

## Hard Copy Case Record Contents and Order

### General Policies

#### Section II

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- Fiscal documents
  - ❖ Open signed authorizations for services (with bids and quotes)
  - ❖ Closed, signed, paid authorizations (with receipts, invoices, proof of purchase, bids and quotes)

#### *Back of Case Folder*

#### **Information:**

Vocationally Handicapped Certification or P.A. 183 records should be stored in a separate folder as outlined in Rehabilitation Services Manual Item 8175. The P.A. 183 folder is usually placed at the front of the hard copy case folder for ease of removal in P.A. 183 record retention.

## Confidentiality, Release of Information General Policies

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### Policy:

All personal information about applicants and eligible individuals, including photographs and lists of names, shall be kept confidential. It shall be released only with the informed, written consent of the individual except when it will further the individual's rehabilitation programs; as needed to protect the applicant from physical harm to self or others (see procedures below); in response to law enforcement, fraud or abuse investigations; in response to a judicial order; when required by federal statute or regulation; for audit, research or evaluation purposes; or in a suspected case of abuse, neglect, exploitation or endangerment of applicant or eligible individuals. Information obtained from another agency or organization shall be released only by, or under the conditions established by, the other agency organization.

Applicants, eligible individuals, and providers of information shall be advised of these confidentiality and release restrictions through appropriate means of communication.

Medical, psychological and other information that may be potentially harmful to the individual shall not be directly released to the client but shall be released instead to a third party chosen by the individual which may include, among others, a qualified medical or mental health professional, advocate, family member or legal guardian. Information may be released to parents of applicants or eligible individuals who are minors, or legal guardians, under the same conditions as it may be released directly to clients. Release of information to another individual or organization shall contain a statement precluding its further release.

### Procedure:

Case file records are not to be altered or deleted by individuals being served or non-agency personnel who, in selected situations, may inspect, review and receive copies of personal records. If the individual or other party believes the case record to be inaccurate or misleading, the counselor may add documentation to the case record to acknowledge that person's position.

Procedures regarding the release of information, as needed to protect the applicant from physical harm to self or others, are contained in Department of Civil Service Rules and Regulations and Department of Labor and Economic Growth Policies and Rules, regarding Workplace Safety. These documents specify required procedures for responding to workplace safety issues generated by the conduct of other employees or members of the public, including individuals being served by MRS.

Personal records, including correspondence, shall not be stored on walk-up computer stations. When computers containing client records are sent to salvage, the hard drive shall be reformatted.



## **Confidentiality, Release of Information General Policies**

The State Office will notify district offices when case records can be destroyed, including the procedure that is to be followed in disposing of this material. The length of time closed case records must be kept varies depending on audit schedules.

By law, records from the following agencies may not be re-disclosed, even with the client's informed, written consent:

- Social Security Administration
- Veterans Administration

Records which contain information regarding an individual's addiction to drugs and/or alcohol, or information which identifies the individual as someone who has a severe communicable disease, such as AIDS or Hepatitis C, cannot be released without the specific informed written consent of the individual utilizing a release of information form which clearly advises the individuals that such records will be released.

### **Information:**

A counselor engaged in job development, with the knowledge and consent of the individual, may disclose relevant information about the individual's ability to perform the job, such as work skills, educational background, capacity to learn new skills, etc. Information about an individual's disability is generally not released to employers except when job accommodation(s) or site modification will be needed, or a situation could be hazardous to the client or others and the individual gives informed, written consent to the release. (See Policy 2075 for more information)

The informed consent of the individual means that the individual knows the name of the third party to whom information is to be provided, the purpose or the need for providing the information, and the extent or nature of the information to be released. The individual's informed consent may be recorded in a letter or on Form RA-26, Consent to Release Personal Information. Information which has been subpoenaed must be released only if the subpoena is a direct judicial order. Counselors should contact the Agency's Ombudsperson when a subpoena for records is received.

The Agency may charge for costs related to the release of information unless the requesting person is on public assistance or is indigent. A charge should not be made for materials sent to a designated representative.

### **Forms:**

Forms related to this manual item are the RA-26 – Consent to Release Personal Information and RA-2773 – Release Authorization Letter.

**Section II**

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**Job Aids:**

For further information see Confidentiality and Release of Information Job Aid (2100a-JA) in the Job Aids Section of this manual.

**Casework Notes:**

For additional Information, refer to Casework Notes issue 2 in the Casework Notes Section of this manual.

## Freedom of Information Act Requests General Policies

### **Policy:**

Freedom of Information Act requests shall be referred promptly to the departmental Freedom of Information Act coordinator.

### **Procedure:**

Upon written request, individuals may inspect, copy or receive copies of public records except personal information concerning clients under the Michigan Freedom of Information Act (P.A. 442 of 1976, as amended).

The requests, by law, must be processed within five business days after the request is received. Questions or concerns about Freedom of Information Act (FOIA) and requests that are denied should be directed to the Michigan Department of Labor and Economic Growth, Office Services at (517) 373-0194. In consultation with the Attorney General's office, the Michigan Department of Labor and Economic Growth liaison will prepare an official denial.

### **Information:**

A fee may be charged for the actual costs for mailing, copying including labor, and the cost of search, examination, review, and deletion and separation of exempt from non-exempt information. Questions about the procedures and fee schedule should be directed to Office Services at the Michigan Department of Labor and Economic Growth at (517) 373-0194.

## Lawsuits and Subpoenas

### General Policies

#### Policy:

All client and case service matters related to litigation, potential litigation or Civil Rights complaints are to be referred to the Agency's Ombudsperson for processing.

#### Procedure:

District managers may respond directly to subpoenas and should do so as soon as they are received, as a delay could result in a contempt of court citation against the named person or the Agency. If it is not already attached to the subpoena, the attorney who requested the subpoena should be advised that the client's informed, written consent is required before the subpoena can be responded to. Districts should use the RA-27, a letter developed by Central Office, in collaboration with the Attorney General's office, when contacting attorneys or worker's compensation magistrates regarding their subpoenas when the Agency does not have the individual's informed, written consent. Information the Agency obtained from other agencies or organizations that may not be re-released even with the client's informed, written consent is not required to be provided in response to a subpoena. The attorney who requested the subpoena should be advised instead of the existence of such information and enough data about the source so that the attorney may obtain it directly (i.e., name, address and patient or client identification number, etc.). The Agency is not responsible for obtaining permission from the third party and releasing the information. District managers may consult with the Central Office or the Assistant Attorney General for the Michigan Department of Labor and Economic Growth at (517) 241-0575, if they have questions or need guidance. Copies of all subpoenas should be forwarded to the Agency's Ombudsperson in Central Office.

If staff are subpoenaed to give testimony, they should advise the judge or presiding officer of Agency requirements concerning confidentiality of client information before testifying or releasing information by reading the following statement:

**Michigan Rehabilitation Services is required by federal law to ensure that personal information about clients is kept strictly confidential. The court should refer to the Rehabilitation Act of 1973, 29 USC 701-742, and, in particular, to 34 CFR § 361.49. Under those provisions, MRS may disclose such personal information only under certain specific circumstances. Pursuant to 34 CFR 361.38(e)(4), for example, MRS may disclose personal information in response to judicial order.**

The judge or presiding officer will order staff to testify or not, or to provide case record information after the statement is heard. Additional information on handling subpoenas can be found in the Job Aid Appendix section on Confidentiality and Release of Information dated July 27, 1999.

## **Lawsuits and Subpoenas General Policies**

## **Lawsuits and Subpoenas**

### **General Policies**

#### **Section II**

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#### **Forms:**

The form related to this manual item is the RA-27 – Letter Requesting Client Release of Information.

## Client Appeals, Mediation and Hearings General Policies

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### Policy:

Applicants and eligible individuals or, if appropriate, their representatives, shall have the right to appeal decisions of Agency personnel with which they are dissatisfied regarding the provision of services within 30 days of the decision by requesting a hearing before an impartial hearing officer and also, shall have the right to pursue mediation whenever a hearing is requested. The hearing shall be held within 60 days of receipt of the request unless both parties agree to extend the time.

### Procedure:

The mediation process is voluntary, does not diminish the timeliness standard for hearings and must be conducted by qualified mediators.

Assessment, plan development, or IPE related services that have been initiated shall not be suspended, reduced, or terminated pending mediation or the hearing decision unless the applicant or eligible individual or their representative so requests or there is evidence that the services have been obtained through misrepresentation, fraud, collusion or criminal conduct on the part of the applicant, eligible individual or their representative.

Nothing shall preclude the parties to such a dispute from informal negotiation and resolution prior to mediation and/or hearing if the informal process is not used to deny or delay the right of an applicant or eligible individual to a hearing or to deny any other right outlined in Agency policy.

Upon notification by the Hearings Manager of a request for a hearing, the district manager initiates action to determine if the issue can be resolved informally, or if both parties agree to request a specific extension of time.

The Hearings Manager acknowledges receipt of the hearing request, in writing, to the individual indicating the intent to pursue informal resolution and provide the opportunity for mediation.

On a random basis the Hearings Manager assigns a qualified impartial hearing officer and schedules the hearing unless notified by the district manager within two weeks that the issue has been resolved and this is confirmed by the individual. A written summary of the resolution agreement should be sent to the individual by the district manager with a copy to the Hearings Manager and to the individual's representative if the individual was represented.

**Section II**

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If informal resolution is not reached with the district manager, the individual has the right to either pursue mediation or proceed with scheduling of the hearing. Mediation is a consensual process in which a neutral third person assists two or more parties to reach a voluntary agreement which resolves a dispute and/or provides options for the future. The mediator serves as a facilitator and helps the parties identify their individual needs and interests, clarify their differences and find common ground. The mediator, unlike the impartial hearing officer, does not direct or render decisions but rather, assists the parties in pursuing voluntary agreements. Copies of the relevant Agency policies and guidelines can also be provided if requested. These materials should be provided at no cost to the individual or the individual's representative. The Agency representative is responsible for selecting Agency witnesses, including the individual's counselor, and selecting or making copies of the written evidence (exhibits) needed to support the Agency's decision. The individual or individual's representative is responsible for selecting claimant witnesses, paying for any costs related to the witness, and selecting and making copies of written evidence that will be provided in support of the individual's case.

Upon receipt of a request for mediation the Hearings Manager, on a random basis, assigns a qualified mediator and schedules the mediation in a timely manner and at a location convenient to the parties to the dispute. The agency bears the cost of the mediation process including any reasonable accommodations needed by the individual to participate in the mediation process. Although mediation is voluntary, district managers and counselors are strongly encouraged to participate in the process. The Hearings Manager in conjunction with the district manager is responsible for arranging any accommodations necessary to facilitate a claimant's participation in mediation. The agency is not responsible for any costs associated with the individual's representation at the mediation session or with any cost associated with the appearance of witnesses presented by the claimant.

Discussions that occur during the mediation process are confidential and may not be used as evidence in any subsequent due process hearing or civil proceeding. An agreement reached by the parties to the dispute in the mediation process is set forth in a written mediation agreement provided to the parties to the dispute with a copy to the Hearings Manager. The written agreement may be in the form of an Individualized Plan for Employment (IPE), a plan amendment or a set of agreements on how to move forward.

Applicants or eligible individuals have the opportunity to submit evidence or information and present witnesses to support his or her position at a mediation session or hearing and are allowed to be represented in the mediation session or hearing by a person selected by the individual. The claimant may be represented by a friend, relative, an attorney or representative from the Client Assistance Program.



## **Client Appeals, Mediation and Hearings**

### **General Policies**

#### **Section II**

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The hearing, if convened, is quasi judicial. The impartial hearing officer renders a decision based on evidence and testimony presented at the hearing. A written transcript is generated by a court reporter. The Hearings Manager is present at the hearing to provide the impartial hearing officer technical assistance regarding the process. For more information see the Handbook for Conducting a Due Process Hearing.

District managers serve as Agency representatives in hearings unless a manager made the decision being appealed and will be serving instead as a witness. Another district manager or deputy division director may be assigned by the division director in these situations.

**Section II**

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The district manager should insure that an interpreter, reader, transportation assistance or other accommodations are provided, if necessary, for an individual to participate in the hearing process. The individual has the opportunity to present additional evidence, or witnesses and to examine all witnesses and/or materials or sources of information and evidence. The individual or the individual's representative can review or receive copies of pertinent case file information in preparation for a hearing, subject to Agency policy for release of confidential client information. Copies of relevant agency policies and guidelines can also be provided if requested. These materials should be provided at no cost to the individual or the individual's representative.

The Agency representative is responsible for selecting Agency witnesses, including the individual's counselor, and selecting or making copies of the written evidence (exhibits) needed to support the Agency's decision. The individual or individual's representative is responsible for selecting claimant witnesses, paying for any costs related to the witness, and selecting and making copies of written evidence that will be provided in support of the individual's case.

Notification of hearing is issued by the Hearings Manager to the individual and Agency representative at least two weeks prior to the hearing specifying the date, time, location, name of the hearing officer and the issue(s) being appealed. An outline of the hearing procedure and guide on how to prepare for the hearing is enclosed. The hearing officer may determine that an abandonment of the hearing has occurred and dismiss the case if either an individual or an authorized representative fails to notify the Agency that the individual will be unable to attend at the scheduled time, or does not appear at the hearing. The Agency will exercise flexibility in adhering to time frames if claimant notification is a few days late for good cause.

Hearing officers make their decisions within fifteen (15) working days of receipt of the hearing transcript but no later than 30 calendar days from the date of the hearing. A full written report of the findings and grounds for the decision is provided to the Agency director, claimant, claimant's representative if the claimant was represented, and the Agency representative. The initial decision of the impartial hearing officer becomes the final decision twenty (20) calendar days from the date it is mailed.

An Agency action required as a result of a final hearing decision shall be taken promptly. The final hearing decision is the last administrative appeal level for applicants or eligible individuals. The next step is legal action through Circuit Court.

## **Client Assistance Program (CAP) General Policies**

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### **Policy:**

All applicants and eligible individuals shall be eligible for services from the Client Assistance Program (CAP) for additional information, problem resolution assistance, and assistance with an appeal.

### **Procedure:**

Counselors or other responsible staff shall:

- Respond to general CAP inquiries in a prompt manner, generally within 3 workdays.
- Respond to requests for telephonic, faxed, e-mailed or mailed client information or records within 3 workdays of receipt or possession of a Release of Client Information (ROI), unless records requested exceed 30 pages.
- Promptly contact the CAP advocate to discuss a reasonable extension of the 3-day standard response time, if needed, when records requested exceed 30 pages in length.
- Request client completion of a written informed ROI for CAP at any time after the role of CAP is explained to the client at orientation to minimize delay of due process.
- Provide individual client records at no charge to CAP.
- Resolve client disputes involving CAP at the counselor/advocate/client level whenever possible.
- Conduct themselves in a professional and respectful manner with CAP staff.

### **Information:**

The Client Assistance Program was established by Congress to facilitate access to services funded under the Rehabilitation Act through individual and systemic advocacy.

CAP staff may:

- advocate for the interests of individuals with disabilities who are participating in programs funded by the Rehabilitation Act (e.g., community rehabilitation programs, centers for independent living, Projects with Industry programs);
- provide information regarding available services and benefits under Title I of the Americans with Disabilities Act;
- work collaboratively, at the request of the individual and/or the counselor, to resolve misunderstandings and/or facilitate planning;

## **Client Assistance Program (CAP) General Policies**

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- provide individuals with advice and clarification about their rights, responsibilities, and the services available from the Agency, and make referrals to other agencies as appropriate;
  - advocate for the fair resolutions of individual complaints, including assistance or representation in the appeals process or in seeking legal remedies; and
  - report to management the type and frequency of individual complaints, dissatisfactions, and misunderstandings for program assessment purposes.

Michigan Protection and Advocacy Service, Inc. is the designated agency for CAP in Michigan. The Agency and MPAS-CAP entered into a Memorandum of Understanding (MOU) in October, 2004. Agency staff should consult the MOU for further details about how the two entities are to carry out their respective and joint responsibilities in serving MRS customers under the Rehabilitation Act.

## Informed Choice General Policies

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### Policy:

Applicants and eligible individuals shall be full and active participants in their vocational rehabilitation. They shall have the opportunity to obtain information about options and make informed choices throughout their rehabilitation program including: evaluation and assessment services and providers; trial work experience services and providers; their specific employment goal; the rehabilitation services required to accomplish their rehabilitation program; procurement methods; and the service providers which will be used.

Information about potential services shall include cost, accessibility, duration of services, the qualifications of the providers, the types of services offered by those providers, the degree to which the services are provided in an integrated setting, and as available, information about user satisfaction.

Applicants and eligible individuals shall be informed through appropriate means of communication, about the availability and scope of informed choice, how it may be exercised, and of the availability of support services for clients with cognitive or other disabilities who require assistance in exercising informed choice.

### Procedure:

Information provided by the Agency should be readily understood and in a format accessible to the individual. At a minimum it shall include the following:

- the individual's financial and other responsibilities related to his or her choices,
- Agency requirements regarding the use of comparable benefits and services,
- Agency policy regarding the purchase of goods and services at the least cost and policy regarding bids and quotations,
- service provider standards, and other state and federal requirements related to the Agency's expenditure of funds.

Counselors shall describe Agency financial constraints in ways that are positive and encourage participation, as well as assist the individual in locating alternate resources where the Agency cannot help.

### *Documentation of Informed Choice*

The case record shall document the individual's opportunity to make choices and the resulting service delivery decisions and actions throughout the case record.

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***Informed Choice Throughout the Rehabilitation Program***

The applicant and/or eligible individual shall have the opportunity to exercise informed choice through all the phases of the rehabilitation program, from assessment through closure.

***Orientation and Intake***

The applicant shall be provided sufficient information to understand the purpose of the program, eligibility criteria, and the nature and scope of services, in order to decide whether or not to apply for services. Orientation should include an explanation of the opportunity to make informed choices at all points of the rehabilitation program, including the right to make informed decisions about rehabilitation planning, employment goal selection, rehabilitation services and service providers, as well as rights of appeal. Such information will be provided in a way that is readily understood by the individual.

***Assessment of Eligibility and Rehabilitation Needs***

The applicant shall be involved in providing and securing existing assessment information to the maximum extent possible. The applicant should understand the purpose and need for any additional assessments that are to be completed. When the purchase of assessment services is indicated, the applicant will be offered the opportunity to select from among appropriate types of assessment services and service providers. Before purchasing additional assessments to determine rehabilitation needs, counselors and applicant should explore the use of self-assessment tools in facilitating self-awareness and development. Once assessment information has been obtained, the counselor and applicant should fully discuss findings and their relevance to an identification of the individual's strengths, concerns, abilities, capabilities, interests and barriers to employment and how these may affect vocational planning decisions. See Policy 2250 for further information.

***Extended Assessment and Trial Work Experiences with Supports***

The applicant shall be a full partner with the counselor in choosing from among assessment and trial work experience options and providers as well as support services needed to complete the extended assessment. Individuals receiving these services may require specific support services to facilitate making informed decisions. When an extended assessment calls for medical treatment interventions, to refute or confirm the ability to benefit from vocational rehabilitation services, (such as addiction treatment), the individual should be provided an understanding of treatment options, and the consequences of not pursuing treatment.

## Informed Choice General Policies

### ***Employment Goal Selection and IPE***

Should the eligible individual choose to use the services of the Agency counselor to facilitate IPE planning, the counselor shall assist the individual (or as appropriate the individual's representative) to select a meaningful employment goal consistent with the individual's primary employment factors and informed choice. The counselor provides, or assists the individual in obtaining information about the current and projected labor market, the variety of occupations congruent with the individual's abilities, needs and preferences, and the various services and qualified providers available to the individual in achieving the employment outcome. Job matching programs such as Open Options and MOIS can help individuals explore career or employment options. Counselors may also to provide the individual with information about other local, state and federal resources to assist in defining and achieving an employment goal. This includes Social Security trial work options and work incentives, local Michigan Works! Programs, and Work First programs.

### ***Selection of IPE Services and Service Providers***

In assisting the individual to obtain information about service providers, the following methods or sources of information may be used:

- state or locally developed lists of services and service providers;
- consumer satisfaction surveys and reports about providers;
- referrals to other consumers;
- local consumer groups, or other advisory councils qualified to discuss the services or service providers; and relevant accreditation, certification, licensure or other information relating to the qualifications of various agencies or individual service providers under consideration.

Where such qualifications apply to a provider or a service, the provider shall meet Agency service provider standards as provided see Policy and Procedures 9050. The counselor's professional views about the qualifications, accessibility, and the relative advantages and disadvantages of using a service provider can be a valuable source of information for the individual.

### ***Case Closure***

The individual shall be involved in the closure decision and be provided an opportunity to discuss case closure. Before a rehabilitated case closure can occur, both the individual and the counselor must agree that the employment is satisfactory and the individual is performing well on the job.

## **Informed Choice General Policies**

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### ***Informed Choice and Comparable Benefits***

Policy requires that counselors and clients explore and use comparable benefits and services available to meet the individual's rehabilitation needs. These may include medical services available through Medicaid, Medicare or the Hill Burton Act; mental health and substance abuse services available through public community health programs; and remedial educational programs available through public schools.

The individual shall be informed of the requirement to pursue and use comparable benefits and services when available. The Agency may not pay for services to the extent that comparable services and benefits are available to meet the individual's rehabilitation needs.

### ***Agency Financial Requirements and Informed Choice***

If an individual chooses a service or service provider whose cost is higher than another service or service provider that will equally meet the individual's need, the counselor is not required to pay the higher cost because it is the individual's choice. Part of the choice process is ensuring that individuals are informed about the advantages and disadvantages of each choice option. While individuals have a right to choose a higher cost service or service provider, one of the disadvantages of that choice may be that Agency payment will not exceed that of the lower cost service or service provider and that the individual will have to provide for the difference. This approach applies in a wide variety of situations, including:

- Training programs that lead to the same employment outcomes;
- College programs that lead to comparable job goals;
- In-state vs. out of state colleges;
- Public vs. private colleges;
- Training programs that require greater vs. lesser transportation and maintenance costs;
- Transportation services;
- Physical restoration services including hearing aids;
- Rehabilitation technology



## Informed Choice General Policies

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### *Limitations of Choice*

Informed choice is not unrestricted choice. Counselors may not always be able to support an individual's choice.

- A choice should not be supported if the counselor has substantial evidence it will not lead to an employment outcome. If a goal is incompatible with the individual's abilities, capabilities and limitations and no accommodation, rehabilitation technology or other service can bridge the gap, the counselor can say no.
- If relevant labor market information indicates that the employment goal or services will not lead to a job outcome, the counselor should not approve the IPE.
- If the individual wants the Agency to pay for a service, but the service is not required to achieve the employment outcome, the counselor cannot approve the service.
- Counselors cannot support choices that may be harmful to the individual or others. It is the counselor's responsibility to ensure that the individual understands the consequences of their decisions.

When the counselor cannot support the individual's choices, he or she should clearly and respectfully explain the reasons for non-support and consider alternatives with the individual. The individual should also be provided information about appeal rights and CAP under these circumstances.

### **Information:**

#### *Definitions, Process and Outcome*

Informed choice is the process by which individuals participating in the vocational rehabilitation program make decisions about their assessment services, vocational goals, the services, and service providers that are necessary to reach those goals, and how those services will be procured. This process starts with the individual's values, interests, characteristics, and proceeds to an evaluation of availability of resources and alternatives, including the labor market. Implementing informed choice requires that the counselor listens carefully, communicates clearly, and gathers and analyzes information without bias. The counselor works with the individual to make choices and to evaluate their impact. Finally the counselor supports the individual in setting goals, making plans and following through with decisions, with the aim of achieving meaningful employment.

## Informed Choice General Policies

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### ***Role of the Individual***

The individual, or the individual's representative, as appropriate, is the primary decision-maker. Factors to consider in assessing the individual's ability to make informed decisions include:

- skill in gathering information;
- skill and experience in making independent decisions;
- knowledge of community resources;
- experience and skill in career planning;
- knowledge of the labor market;
- and knowledge of Agency services.

Based on these and other factors, some individuals will need or want little additional information regarding decision-making support. Others will need or want only information and guidance regarding training options, restoration services, or employment opportunities. Many others, however, may want extensive career exploration and counseling to choose appropriate careers.

The primary role of the counselor in implementing informed choice is to ensure that the individual has sufficient information and knowledge of options, as well as the necessary supports to make meaningful choices. The counselor facilitates the individual's self-determination through careful listening, clarification of issues, exploration of options and their implementation, and when necessary, building the individual's capacity to make informed decisions.

### ***Building Capacity to Make Informed Choices***

If an individual lacks skills, knowledge, or confidence in making informed choices, referral for decision-making skill development, or involvement with a peer resource or other individuals knowledgeable about individual self-direction, may help ensure their meaningful participation in the choice process. Family members, significant others, advocacy organization, rehabilitation assistants, mentors, and advisors may serve as decision making supports for the individual with his or her agreement. Individuals with substantial cognitive limitations may require additional supports and services in exercising informed choice. Techniques such as repetition and visual, auditory or written media may be used, including assistive technology. Such support services may be provided directly, arranged or purchased, consistent with Agency policy. The counselor can refer to the Rehabilitation Services Administration Technical Assistance Circular 98-01, Support Services for Individuals with Disabilities and Others Who Need Assistance in Implementing Informed Choice, available from the Casework Policy Section, for more information on this subject.

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*The Michigan Postsecondary Admissions and Financial Assistance Handbook* is the comprehensive information resource about accredited or state licensed post-secondary education and training providers.

***Procurement Methods and Informed Choice***

The Agency has flexible purchasing options, including authorizations to qualified vendors of the individual's choice, direct payment to individuals when an authorization is not possible, emergency payment to meet true emergency needs, and third party authorization when none of the other procurement methods is possible. In select cases, an eligible individual may receive direct pay to contract directly with a service provider, like a personal assistant or rehabilitation renaissance advisor. To the extent that the individual participates in the procurement of services, implementing choice may involve basic consumer skills, such as money management and negotiating in the market place.

## **Rights and Responsibilities General Policies**

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### **Policy:**

Applicants and eligible individuals shall be advised of their rights and responsibilities, including the availability of CAP, at the time they apply for services, when their Individualized Plan for Employment is prepared, whenever assessment or IPE services are suspended, reduced, or terminated, and at the time of case closure.

### **Information:**

Client rights include:

- An evaluation of eligibility;
- Notification of the eligibility decision and priority category;
- Once eligible, they have a right to obtain written information about options available to them in preparing their Individualized Plan for employment (IPE);
- The opportunity to make informed choices about the employment goal, services and service providers throughout their rehabilitation program;
- An Individualized Plan for Employment (IPE);
- An annual review of the IPE;
- Notification of a delay or termination of services;
- Review of Information in the case record;
- Confidentiality; and information about circumstances when records may be released,
- Ability to appeal Agency actions concerning provision or denial of services; and
- Non-discrimination.

Client responsibilities include:

- Providing information needed to determine eligibility and develop an IPE;
- Notification of change in address or telephone number;
- Keeping scheduled appointments;

**Rights and Responsibilities**  
**General Policies**

- Participating financially in their rehabilitation program to the best of their ability;
- Using other available funds and community services before Agency funds are used;
- Performing satisfactorily in training or any other activity related to their program; and
- Offering to return tools and equipment purchased by the Agency when they are no longer needed as planned.

**Citizenship and Residency  
General Policies****Policy:**

No duration of residence requirement shall be imposed on any applicant present in the state including aliens with visas that allow them to work while in this country.

**Information:**

Resident aliens who do not have an employment visa that legally permits them to work in the United States are not eligible for services, as the purpose of the vocational rehabilitation program is employment. Individuals who have a student visa only are not considered to have a work visa.

While there is no minimum duration of residency, counselors may require evidence of residency.

The following are considered evidence of residency:

- a current voter registration card
- a copy of an income tax return
- official correspondence from the Social Security Administration.

Students who reside in the state while a student but have a permanent residence in another state are not considered residents.

**Order of Selection  
General Policies****Policy:**

Client signatures shall be obtained on Agency documents, which reflect that the client exercises or waives rights, consents to certain action, or acknowledges understanding and/or receipt of something.

The signature of a legal guardian or parent shall be obtained instead, or in addition to the client's, if the client has a legal guardian or is under the age of 18 and unmarried.

Notifications which are normally sent to clients shall also be sent to legal guardians and parents of minors.

**Information:**

In any situation where a document or signature on a document may be used to show consent or agreement (e.g. a release form), or make an offer or take a position that will be relied upon in decision making (e.g., a price quotation), an original signature should always be obtained and made a part of the case record. Reliance on facsimile copies should be limited to those situations where there is a credible basis for concluding that the original document is on its way to the Agency and time is of the essence. When the legal validity of a document is of concern, reliance upon facsimile copies should be the exception, and never the rule.

## Order of Selection General Policies

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### Policy:

At any time Agency resources do not permit all eligible individuals to be served, an order of selection for services shall be implemented giving first priority to individuals with the most significant disabilities. Second priority shall be given to individuals with significant disabilities and third priority to those with non-significant disabilities. If all eligible clients within a priority category cannot be served, they shall be served in the order in which they applied.

Eligible individuals who do not meet the order of selection priority criteria shall, at a minimum, be referred to other Federal and State programs, including the Michigan Works! program. Referrals are to be made to those programs best suited to address the specific employment needs of an individual with a disability. Each referred individual shall have a notice of referral to present to the agency carrying out the program; information identifying a specific point of contact within the agency carrying out the program and; information and advice regarding the most suitable services to assist the individual to prepare for, secure, retain, or regain employment.

### Procedure:

The Agency director is responsible for determining how many priority categories and how many eligible clients within each priority category shall receive services at any given time based on the resources available. The decision to provide services to fewer than all priority categories is reviewed periodically throughout the fiscal year. A full review of the need for an order-of-selection-for-services occurs as part of the annual planning process.

The Agency director will notify Agency staff and major statewide agencies and organizations of the priority categories it is expected the Agency will be able to serve in the new fiscal year. Any changes in the priority categories to be served during the fiscal year will also be communicated in writing by the State director to Agency staff and pertinent others.

Clients are assigned to the highest priority category for which they are eligible at the time eligibility is decided.

The Agency's priority categories are as follows:

Most Significantly Disabled - clients who will need multiple services (more than two) over an extended period of time (defined as six months or more) and whose impairment(s) seriously limits them in two or more of the following functional areas in terms of an employment outcome:



## Order of Selection General Policies

- 
- Mobility
  - Communication
  - Self-care
  - Self-direction
  - Interpersonal skills
  - Work tolerance
  - Work skills

Significantly Disabled - clients who require multiple services (more than two) over an extended period of time (defined as six months or more), and have limitations in terms of employment in only one of the above functional areas.

Not Significantly Disabled - all clients who do not meet the criteria for "most significantly" or "significantly."

The codes to be used for priority categories are as follows:

1. Most Significantly Disabled
2. Significantly Disabled
3. Not Significantly Disabled

An order-for-selection does not apply to clients who already have an IPE.

### Information:

Within the AWARE system, "significance of disability" and "order of selection" priority codes are combined in the "disability priority code." If the Agency Director determines that vocational rehabilitation services must be provided under an order of selection, an information and referral system will be implemented. This will ensure that eligible individuals with disabilities who do not meet order of selection priority categories will be referred to the local Michigan Works! program for assistance with core, intensive and training services, or for other services as appropriate.

## Signatures and Notifications

### General Policies

#### **Policy:**

Client signatures shall be obtained on Agency documents, which reflect that the client exercises or waives rights, consents to certain action, or acknowledges understanding and/or receipt of something.

The signature of a legal guardian or parent shall be obtained instead, or in addition to the client's, if the client has a legal guardian or is under the age of 18 and unmarried.

Notifications which are normally sent to clients shall also be sent to legal guardians and parents of minors.

#### **Information:**

In any situation where a document or signature on a document may be used to show consent or agreement (e.g. a release form), or make an offer or take a position that will be relied upon in decision making (e.g., a price quotation), an original signature should always be obtained and made a part of the case record. Reliance on facsimile copies should be limited to those situations where there is a credible basis for concluding that the original document is on its way to the Agency and time is of the essence. When the legal validity of a document is of concern, reliance upon facsimile copies should be the exception, and never the rule.

## Transferring Cases General Policies

### Policy:

A case record may be transferred for administrative reasons within an office or between district offices with supervisory approval.

### Procedure:

Case transfers within an office or a district are supervised by local site managers.

The following procedures apply to case transfers from one district to another. Prior to seeking supervisory approval for a case transfer, the sending counselor will discuss the transfer with the client, including continuation of services, service providers, and completion dates in view of the requested transfer, as well as the client's commitment to completing an existing IPE (if one exists) and IPE amendments that may be needed to bring the case up-to-date). The sending counselor shall annotate this discussion with a case note entitled "Case Transfer Request" in AWARE. This case note shall state the following information:

- 1) The reason for the request.
- 2) A summary of the case discussion with the individual, including any need for a change in services, service providers, financial commitment, time frames and IPE amendment consistent with Policy 5150.
- 3) Verification that the individual's address, phone number and contact persons are current in AWARE.
- 4) Verification that outstanding authorizations are paid or cancelled as appropriate.

Upon receipt of the "Case Transfer Request," the supervisor from the sending office shall discuss the case transfer with the receiving supervisor provided guest access in AWARE to review the request. The referring and receiving site managers are jointly responsible for determining if a transfer is appropriate or if other case action needs to occur.

If the transfer is appropriate, a discussion should occur as to who will be responsible for needed IPE amendment, if necessary. An IPE is developed between the Agency and the client and should be honored by the receiving office unless the vocational goal and/or services are no longer appropriate due to the individual's relocation.

Prior to case transfer, the receiving site manager shall identify the receiving counselor and caseload group number for that counselor. The client shall be notified of the transfer by the referring counselor and be given the name, address and telephone number of the receiving counselor, and asked to contact the new counselor as soon as possible. The Notice of Transfer to New Counselor in the AWARE letter catalog can be used to notify clients of the change.

## **Transferring Cases**

### **General Policies**

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Case transfer requires mailing hard copy records and transmitting the AWARE record to the receiving counselor. Hard copy records should be mailed to the receiving office by inter-departmental mail or certified mail. To complete the case transfer, an MRS staff member of the current caseload group electronically transfers the case to the receiving caseload group by using the Case Transfer Module in AWARE. The sending counselor is responsible for ensuring that the electronic case transfer is completed promptly.

The Rehabilitation Act gives the Agency the responsibility of making administrative decisions about the district and office boundaries in which individuals are served to accomplish effective and equitable utilization of resources and to achieve maximum results for all clients. Applicants and eligible individuals are served in geographic Agency districts and offices according to their residence.

Clients who change their permanent residence generally have the option to have their cases transferred to the district or office to which they have moved. Clients who change domicile to receive assessment, training or restoration services are not considered to be changing permanent residence and their cases are not generally transferred. Clients do not have a right to select the office or district in which they are served, or the counselor who will serve them. As relates to intra-office transfers, the Agency recognizes that a good counseling relationship is important to a positive case outcome. While a change in counselors is sometimes called for, honoring a request for a change in counselors is not always the best answer to real or perceived problems. The client has a right to appeal the denial of a request to change counselors.

**Policy:**

The Agency shall make a good faith effort to promptly contact referred individuals to inform them of application requirements and to gather information necessary to initiate an assessment for determining eligibility and priority for services.

**Procedure:**

Referral procedures for Agency services are designed to maximize access to the Vocational Rehabilitation system. In order to facilitate referrals, application forms are to be widely distributed and available in Michigan Works! Service Centers and other community locations.

Prompt and equitable handling of referrals shall occur so that individuals are contacted no later than 90 days following the referral date to inform them of application and assessment requirements. The referral date shall be the date the Agency counselor or Agency representative receives the referral's full name, current telephone number or email address, and correct street address. The referral date shall be recorded on the Application datapage in AWARE once an application is entered in AWARE.

**Information:**

A referral to the Agency is defined as that process by which a person is directed to Michigan Rehabilitation Services for information or assistance. Referrals may be relatively formal or informal. Referrals may be made formally by educational institutions, health services personnel, community rehabilitation programs, welfare agencies, MichiganWorks! Service Centers, the Social Security Administration, or other sources. Conversely, referrals may be informal, such as self-referral or referral by word of mouth.

The referral process typically involves two components. The first consists of the individual receiving information regarding Agency services or contact information. The Agency is not accountable for the first component of the referral process in terms of establishing a referral date. The second consists of providing the Agency with sufficient information to contact the individual to notify him or her of the Agency's application requirements and to gather necessary diagnostic information. This second component of the referral process determines the referral date. The Agency is responsible for establishing the referral date and for contacting the individual no later than 90 days following the referral date.

## **Orientation**

### **Referral, Application, Intake, Eligibility, and Vocational Assessment**

#### **Policy:**

Applicants shall be provided an orientation to Agency services which shall include:

- the employment purpose of program,
- that an employment outcome shall be in an integrated setting,
- eligibility criteria,
- services available through the Agency, and the statewide workforce investment system,
- the availability of services under the Social Security Ticket to Work program.
- the individualized nature of their rehabilitation program,
- the requirement to use other sources of funds before the Agency can pay for services,
- the fact that they shall be expected to contribute toward the cost of the services in their rehabilitation program to the extent they are able,
- how they will be involved in making informed choices regarding their rehabilitation program,
- the Agency's order of selection for services policy,
- their rights and responsibilities as a client of the Agency,
- and the availability of the Client Assistance Program and how it may assist them.
- The availability of services under the Ticket to Work Program for Social Security recipients.

**Policy:**

To apply for Agency services, individuals, or their representative as appropriate, shall complete and sign an Agency application form or otherwise request services and provide the equivalent information; provide information necessary to determine eligibility and priority for services; and be available to complete the assessment process.

In accordance with the National Voter Registration Act, all new applicants for Agency services shall be provided an opportunity to apply to register to vote as part of the application process for Agency services.

**Procedure:**

The RA-2910 Application Form and AWARE Personal Information, Application, and Application Data are used to record basic applicant information. They provide the counselor with the information needed for federal reporting purposes as well as for use in planning diagnostic services, determining eligibility, assessing rehabilitation needs, and vocational planning.

Services may not be denied based solely on an applicant's refusal to sign an Application Form. The refusal to sign should be recorded and the reason stated.

Recording the names, addresses, and telephone numbers of relatives and friends of the applicant is helpful in contacting clients if they move without notifying the Agency.

There is no upper or lower age limit for applying for Agency services. Applicants must be able to obtain a work permit to be considered for employment.

Individuals who have previously been Agency clients may reapply. If their cases were closed "not rehabilitated for reasons of ineligibility" their current circumstances should be reviewed to determine if there has been a significant change. If they continue to be ineligible, they should be notified in writing of this decision, of the right to appeal, and the procedure for doing so. See Policy and Procedure 3275 on Ineligibility.

All new applicants must be provided an opportunity to register to vote during the intake process. If an applicant declines to complete the registration application for any reason, the AWARE system should be annotated accordingly. Clients who complete an application to register to vote may mail the form themselves or have the district office do the mailing. Refer to Casework Note 13 for additional information.

The date of application is the date the individual completes the application requirements noted above in policy. This date is usually the Agency intake date.

**Forms:**

Forms related to this manual item are the RA-2409, Employment Planning Checklist; RA-2910, Application for Employment Services; RA-2910-Spanish, Application for Employment Services-Spanish Version; and RA-4577, Student Checklist for Michigan Rehabilitation Services form.



## **Application of Agency Employees and Relatives**

### **Referral, Application, Intake, Eligibility, and Vocational Assessment**

#### **Policy:**

Employees and members of their immediate family may apply for Agency services.

#### **Procedure:**

At the time of application, or at the point an individual is identified as a member of an employee's immediate family, the applicant should be informed of the option to be served by another district. The applicant's choice should be honored. If the applicant elects to receive services locally, the district manager shall determine which staff will be assigned to the case.

To avoid conflict of interest issues, counselors and support staff shall not provide services to members of their immediate families.

Case files of employees and/or members of their immediate family shall be stored in a manner which ensures confidentiality.

The Americans with Disabilities Act prohibits the Agency, as an employer, from co-mingling and/or utilizing client case record information of current or former employees during the hiring process or while employed by the Agency. Employees who are (or were) clients may elect to release materials from their case record for purposes such as providing supporting documentation to an accommodation request.

#### **Information:**

Immediate family includes parents, spouse, siblings, and children. A more expansive definition of the term (e.g., in-laws, cousins, etc.) may be used if there might otherwise be a loss of privacy.

To ensure as much confidentiality as possible, Help Desk staff in the Central Office can be directed to suppress the name and Social Security number of the applicant in the AWARE system.

**Policy:**

Applicants shall be eligible for Agency services if they have a physical or mental impairment that constitutes or results in a substantial impediment to employment and if they require Agency services to prepare for, secure, retain or regain employment consistent with their abilities and capabilities. Applicants who have been determined to have a disability under the SSDI (Title II) and/or SSI (Title XVI) program of the Social Security Act shall be considered to have a significant disability and presumed to be eligible for Agency services provided they intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Once an individual has been informed of the employment nature of the program, the completion of an Agency application for services shall be considered as intent to achieve an employment outcome.

All applicants shall be presumed to be able to benefit in terms of an employment outcome from vocational rehabilitation services unless found to be ineligible for services due to the severity of the disability by clear and convincing evidence, including applicants who have been determined to have a disability under SSDI and SSI.

Applicants who are legally blind shall not be served by the Agency but will be referred instead to the Michigan Commission for the Blind. For further information, see Policy and Procedures 4400, Visual Impairments.

Applicants who have a third party legally responsible for the payment of their vocational rehabilitation costs shall be promptly referred to the Agency's Disability Management Program for services.

**Procedure:**

1. At intake, the counselor shall ask applicants whether they are eligible for, or receiving SSI and/or SSDI benefits, or for any other third party benefits. The counselor seeks verification, such as a copy of an SSA award letter or other SSA correspondence or a copy of the individual's Ticket to Work, and places it in the case record.
2. When an applicant states he or she is an SSI or SSDI beneficiary but has no documentation of SSA status, the counselor shall promptly obtain an AWARE Social Security Benefit Report to validate the individual's Social Security status.
3. The counselor shall make an eligibility determination for SSI or SSDI recipients, no later than 60 days from the date of application. The only exception to this federal requirement is when the case record is moved to Trial Work Experiences (TWE - Application T in AWARE) or Extended Evaluation (EE - Application X in AWARE) within 60 days of the date of application. TWE or EE are only done when the counselor has serious doubt about the individual's ability to benefit from MRS services to achieve an employment outcome (See RSM 3175, Extended Assessment, for further instructions).

## Eligibility Criteria

### Section III

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4. Eligibility Determination Extension (Application-E in AWARE) shall not be used for SSI or SSDI applicants. Eligibility determination shall not be delayed to secure diagnostic records for such applicants.
5. When insufficient diagnostic and assessment information is available prior to an eligibility decision, additional information needed to determine vocational rehabilitation needs shall be obtained after eligibility and prior to IPE development. The counselor uses available disability information obtained from the application process to determine the disability and uses the default disability priority rating of *significantly disabled*. The counselor updates the disability and the priority rating, as appropriate, when further information is obtained, per Manual Item [3200](#).
6. In the event an SSI or SSDI applicant refuses to release information, or refuses to participate in the vocational rehabilitation needs assessment, the counselor shall continue to presume eligibility by validating SSA status via the AWARE benefit report and by completing an eligibility determination or, when ability to benefit is in doubt, TWE or EE. If the individual continues to refuse to release records or participate in assessment, the case may be considered for closure.
7. When an individual indicates he or she is receiving third party benefits such as Worker's Compensation, Auto No Fault, or Long Term Disability, the individual shall promptly be referred to the Disability Management Program, using form RA-2947 – Request for Services, to determine third party liability and appropriate case management. (See RSM 8075, Disability Management Program for referral procedures.)

### Information:

For further information about the criteria for legal blindness, see Policy and Procedures 4400, Visual Impairments.

Applicants who are eligible for SSI due to their disability and/or SSDI due to their disability are presumed to meet all criteria for eligibility:

- Have a mental or physical impairment that creates a substantial impediment to employment and
- To require vocational rehabilitation services to achieve an employment outcome consistent with their abilities and capabilities, and
- Be able to benefit from MRS services, unless determined unable to benefit by clear and convincing evidence, consistent with Policy 3175, Extended Assessment.

It is not necessary to receive a cash benefit to be eligible for SSI or SSDI. Only SSI and SSDI applicants are accorded the presumption of eligibility.

**Policy:**

Once an individual has completed an application for services, an assessment of eligibility and priority for service shall be conducted and an eligibility determination made within 60 days unless exceptional and unforeseen circumstances beyond the control of the Agency preclude a determination within 60 days and the Agency and the individual agrees to a specific extension of time, or an extended assessment of eligibility (which may include trial work experiences with supports) is necessary.

To the maximum extent possible and appropriate, the assessment shall consist of a review of existing data, be conducted in integrated settings, and be consistent with the applicant's informed choice.

**Procedures:**

Sources of information that may be used to substantiate a physical or mental impairment and related limitations caused by the impairment include:

- Existing records from qualified facilities or practitioners familiar with diagnosing or treating the impairment(s) in question, especially practitioners or facilities that are currently treating the applicant. This would include records from qualified medical personnel, mental health or developmental disability programs, substance abuse treatment clinics, and individually licensed practitioners operating within their legal scopes of practice;
- Special Education records, including an Individualized Education Plan (IEP) which identifies the impairment;
- Veteran's Administration disability benefits records that identify the disability;
- Counselor observation of a readily visible anatomical impairment such as amputation, deformity, or muscle wasting associated with paralysis;
- Verification of current eligibility for Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI); and
- Verification of SDA that identifies the disability.

Medical or other evaluations may be purchased or provided if other sources of documentation are not available, the nature of the disability is not stable, observable, or clearly defined, or information needed to determine the severity of the disability is not available.

**Section III**

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The age of diagnostic information should be appropriate to the applicant's impairment(s) and the planned use of the information. Generally, more current information will be needed if the impairment is unstable, progressive, or the diagnosis is unclear.

The existence of a substantial impediment to employment (due to a mental or physical impairment) may be substantiated by any of the information sources noted above if the record in question addresses work or training limitations. The following information may also be used to substantiate the existence of substantial barriers to employment:

- Counselor observation of behavioral or functional limitations of an impairment;
- Written or verbal reports or descriptions of vocationally relevant limitations from the applicant, their representative, family members, school staff, employers and others familiar with the individual.

The existence of behavioral or functional limitations alone is not sufficient to establish a substantial impediment to employment. The counselor must determine that these limitations result in a substantial, material and significant barrier (given the individual's training, education and employment history) to the individual in terms of preparing for, securing or retaining employment consistent with their abilities and capabilities.

Licensed counselors and/or certified rehabilitation counselors may conduct appraisals and assessments directly as allowed by their scope of practice, and should document such findings in case notes apart from the eligibility determination.

If the applicant's informed, written consent is needed to secure information from another source, it may be obtained by a letter of authorization, the Client Information Release Authorization Form, RA-24 or a document provided by the information source. It may be necessary to pay for the information provided.

Applicants who have been determined to have a disability under SSI and/or SSDI are presumed eligible for vocational rehabilitation services unless their ability to benefit from an employment outcome is in doubt. (See Policy and Procedures 3150, Presumption of Ability to Benefit and 3200, Extended Assessment) Verification of eligibility for SSI and/or SSDI or a copy of an SSA issued "Ticket to Work" must be on file. No further eligibility assessment is necessary. However, existing assessments from SSA and additional assessments may be obtained for a determination of vocational rehabilitation needs.

An applicant eligible for SSI/SSDI can be entered into eligibility status and certified eligible for vocational rehabilitation services immediately upon verification of eligibility for SSI/SSDI by noting under all portions of the Certificate of Eligibility the individual's eligibility for SSI or SSDI (Title II)

**Section III**

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Verification of disability for SSDI, SSI, SDA, Special Education, or Veterans Administration disability may include, for example:

- Copies of award notice or letters notifying the applicant of eligibility.
- A copy of an Individualized Educational Plan (IEP) indicating that the applicant has been determined eligible for Special Education.
- Written confirmation of receipt of social Security Disability Insurance or Supplemental Security Income (on the basis of disability) from the local Social Security office or a Ticket to Work issued by SSA.

Evidence of eligibility for Special Education presumes only that the applicant has a physical or mental impairment and a substantial impediment to employment. The counselor must still determine whether the individual requires vocational rehabilitation services to achieve an employment outcome consistent with ability and capability.

An appraisal of current health is not required for eligibility in addition to information documenting the disability, but should be provided, for example, if there is a question regarding the applicant's overall health status and how it may impact employability.

The assessment to determine rehabilitation needs should begin concurrently with the assessment to determine eligibility.

The RA-2908 may be used to provide the applicant with a schedule of any diagnostic assessments or other appointments that may be made.

**Information:**

The following are definitions of terms used in the determination of eligibility:

Ability to Benefit - likely to achieve an employment outcome with the provision of vocational rehabilitation services.

Disability - a physical or mental impairment that results in a substantial impediment to employment and which is not temporary.

Mental Impairment – any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disorders.

Physical Impairment – any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculo-skeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

Requires Services - would not be able to achieve employment consistent with the individual's abilities and capabilities without vocational rehabilitation services.

Substantial Impediment to Employment - means that a physical or mental impairment (in light of attendant medical, psychological, vocational, educational, communication and other related factors) materially hinders an individual from preparing for, entering into, engaging in, or retaining employment consistent with the individual's abilities or capabilities. A substantial impediment to employment may be established if the impairment significantly limits one or more functional capacities of the individual in terms of an employment outcome.

**Forms:**

Forms related to this manual item are the RA-21 – General Medical Examination Report; RA-24 – Information Request; RA-2738 – Mental Health Report; RA-2750 – Significant Disability Determination Worksheet; RA-2908 – Diagnosis Plan; RA-4672 – Report of Dental Examination; RA-4683 – Physical Capacities Assessment; and RA-55 – Report of Eye Examination.

**Casework Notes:**

For additional information, refer to Casework Notes Issue 3 and Issue 5 in the Casework Notes Section of this manual.



## **Individuals Employed at Intake**

### **Referral, Application, Intake, Eligibility, and Vocational Assessment**

#### **Policy:**

Individuals with a disability who are employed may be eligible for Agency services if, as a result of their disability, their employment endangers the health and safety of the individual or others, is in jeopardy, is unsteady, or results in significant underemployment and needed services cannot be obtained from other agencies or resources. Individuals who have access to these resources, but choose not to use them, are generally not considered to require Agency services. The individual must meet all eligibility criteria to be determined eligible for Agency services.

#### **Information:**

Underemployment is defined as employment in which there is a significant discrepancy between the individual's demonstrated abilities and capabilities and the demands of the current job. Objective evidence of a significant discrepancy may include work evaluation, a situational assessment in a real work setting, and vocational test data. Discrepancies that could be resolved through work experience or training routinely provided to all employees would not be considered "significant."

Unsteady Employment is work that is seasonal, intermittent, temporary, permanently part-time, or subjects the individual to a pattern of lay-offs or variations in the availability of work. The term "seasonal" is defined by the Department of Labor as employment of less than 5 months duration, linked to seasonal or climatic conditions. "Temporary" is defined as employment for 180 days or less. "Part-time" is defined as permanently assigned to less than 30 hours of work per week.

A person whose job is in jeopardy is in danger of being terminated due to disability related factors. A job may be considered in jeopardy if the disability substantially hinders a person's job retention, or an individual has confirmation of a restructuring of their position which, due to their disability, they would no longer be able to do, and requires vocational rehabilitation services to retrain for a new position. When considering whether an individual requires job retention services, the counselor should seek objective verification, such as a statement from the current employer, a job analysis, or medical verification of a significant decline in functional capacity related to job function. Routine maintenance or replacement of personal medical or adaptive supplies and equipment are the responsibility of the employed individual, and generally are not sufficient grounds for a finding of eligibility for Agency services.

#### **Casework Notes:**

For additional information, refer to Casework Notes Issue 4 in the Casework Notes Section of this manual.

**Policy:**

Before an applicant with a significant disability can be determined to be incapable of benefiting from services in terms of an employment outcome, an extended assessment shall first be provided. The presumption of employability continues during the extended assessment and may be refuted only if the Agency demonstrates by clear and convincing evidence that the applicant cannot benefit from services in terms of an employment outcome. During the extended assessment the Agency shall explore the individual's abilities, capabilities, and capacity to perform in work situations in the most integrated settings, through the use of trial work experiences with appropriate supports except under limited circumstances when an individual cannot or is not ready to take advantage of such experiences (These circumstances include individuals who are medically unstable and require treatment to achieve stability and individuals whose disabilities are not treatable, remediable or who are near death). Trial work experiences shall be of sufficient variety and over a sufficient period of time to determine the eligibility of the individual or to determine the existence of clear and convincing evidence that the individual is incapable of benefiting in terms of an employment outcome from vocational rehabilitation services due to the severity of the individual's disability. A written extended assessment plan shall be developed which includes identification of these services necessary to determine eligibility and the nature and scope of services required to achieve an employment outcome. Applicants or their representatives shall be full and active participants in the development of their extended assessment plan and in the selection of services and service providers and shall sign and be provided a copy of the written document. Progress toward achieving the assessment outcomes shall be evaluated regularly and routinely. The extended assessment shall be terminated at any time that an eligibility determination can be made, or after 12 months, unless substantial need for additional time is documented.

**Procedure:**

AWARE includes two extended assessment modules, Trial Work Experiences and Extended Evaluation.

If the question of ability to benefit relates to an unstable or untreated disability that would preclude the arrangement of trial work experiences, an extended evaluation is called for which can include the arrangement of appropriate treatment.

A written Extended Evaluation Plan or Trial Work Experiences plan shall be completed with only those services that are required to make the eligibility decision and identify the nature and scope of services needed to achieve an employment outcome.

Once the issues related to the applicant's extended evaluation or trial work experiences are resolved, an eligibility determination shall be completed, or case closure pursued, as appropriate. A determination that a client is incapable of benefiting from services in terms of an employment outcome because of the severity of the disability must be based on clear and convincing evidence. (See Policy and Procedure 3225)

The 12-month extended assessment period begins with the date the Extended Evaluation or Trial Work Experiences Plan is completed. The extended assessment plan can be amended at any time, but cannot be extended beyond the maximum period, unless exceptional circumstances are documented by the counselor. An eligibility decision should be made at any time prior to the maximum 12-month period of extended assessment when there is adequate data to support the determination.

If an applicant is determined eligible, the applicant's case should be moved to pre-service status if under order of selection or eligibility status, as appropriate.

If a case that had been served in extended evaluation is closed and subsequently reopened, a new extended assessment plan may be carried out provided that the basic conditions are met.

**Information:**

Trial Work-Experiences (TWE) or Extended Assessment are provided when the counselor and applicant have established the presence of an impairment(s) and a substantial impediment to employment, but serious questions exist (due to the severity or instability of the individual's disability) as to what services may be needed to achieve employment. When the question relates to the severity of disability, trial work experiences in an integrated, real work setting, with supports, should be arranged in consistent with the informed choice of the individual. If the question of ability to benefit relates to an unstable or untreated disability that would preclude the arrangement of trial work experiences, an extended assessment is called for which can include the arrangement of appropriate treatment. For example, an individual with severe and untreated addiction may not be able to benefit from Agency services or trial work experiences unless the addictive disorder is treated and controlled.

The purposes of the trial work experiences and/or extended assessment are to assess and explore services such as accommodations, restoration, training and assistive technology which would enhance the applicant's abilities, strengths, and capabilities, and reduce, remove or circumvent the barriers that might prevent the individual from benefiting from services to achieve an employment outcome.

Trial Work Experiences may utilize supported employment settings, on-the-job evaluation with supports, volunteer work experience in community settings, or any other work experience in real work settings. These experiences may be arranged directly or purchased as a service package from qualified rehabilitation providers.

The Notice of Extension of Eligibility in the AWARE letters catalog may be used for notification to client of eligibility extension.

**Casework Notes:**

For additional information, refer to Casework Notes Issue 5 in the Casework Notes Section of this manual.

**Policy:**

Eligibility decisions shall be made by an Agency counselor, dated and documented on a Determination of Eligibility. Individuals shall be assigned to an order of selection for services priority category at the time of the eligibility decision. They shall be notified in writing of the eligibility decision. If an Order of Selection is in effect at the time of eligibility determination, individuals shall also be notified of their priority category, the priority categories currently being served, and their right to appeal their priority assignment. If the Agency is not servicing all priority categories at the time of the eligibility decision, the eligible individual who cannot be served shall be referred to the State's Workforce Investment system for provision of referral and counseling services.

If the Agency is functioning under an order-of-selection for services at the time the client is determined eligible, the case is moved to pre-service status if the client is not in a priority category currently being serviced. Otherwise, the case is moved to eligible status for development of an IPE. Individuals may appeal their priority assignment because it is a counselor determination that may result in the denial of services.

The Notice of Eligibility and Plan Options in the AWARE letters catalog should be used to notify clients of eligibility and plan options.

**Job Aids:**

For further information, see the Disability Priority Job Aid (3200a-JA) and (3200b-JA), and Disability Priority and Significance of Disability Job Aid for Persons with Addiction Disorders (Alcoholism and Drug Dependence) (3200c-JA), in the Job Aids Section of this manual.

**Policy:**

Eligibility shall be continuously reassessed. If at any time individuals are no longer eligible due to severity of disability, as indicated by clear and convincing evidence, their cases shall be closed.

**Procedure:**

Individuals whose impairment is removed through mental or physical restoration, or whose impairment ceases to be a substantial barrier to employment shall be eligible for low cost direct placement services only. Individuals who are no longer interested in achieving employment or who are incapable of achieving employment based on clear and convincing evidence shall be determined ineligible and their cases closed.

**Casework Notes:**

For additional information, refer to Casework Notes Issue 9 in the Casework Notes Section of this manual.

## Ineligibility Determination

### Referral, Application, Intake, Eligibility, and Vocational Assessment

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#### **Policy:**

Ineligibility shall be determined if an applicant does not meet all of the eligibility criteria identified in Policy 3125. If it is determined, on the basis of clear and convincing evidence after an extended assessment that the client cannot benefit from vocational rehabilitation services in terms of an employment outcome, ineligibility shall be determined and the case closed.

#### **Procedure:**

Clear and convincing evidence means that there is a high degree of certainty that the client is incapable of benefiting from services in terms of an employment outcome. A review of existing information does not provide clear and convincing evidence. For example, the use of an intelligence test result alone would not constitute clear and convincing evidence. Clear and convincing evidence includes a description of assessments, including extended assessments and supported employment assessments, from service providers who have concluded that they would be unable to meet the client's employment needs due to the severity of the individual's disability. Federally it is required that the demonstration of "clear and convincing evidence" must include, if appropriate, an opportunity for the individual to participate in trial work experiences or extended assessment of skill development activities, with any necessary supports (including assistive technology), in real life settings.

Ineligibility determinations are subject to the same timeliness criteria as eligibility determination. Applicants shall be notified of the Agency's determination in writing, including their rights to appeal.

**Policy:**

A vocational needs assessment shall be conducted to determine the goals, nature and scope of rehabilitation services to be included in the Individualized Plan for Employment. This assessment shall begin simultaneously with the assessment for eligibility and be carried out in integrated settings to the extent appropriate and consistent with the individual's informed choice.

**Procedure:**

The emphasis shall be on using existing and current information to the maximum extent possible, and information provided by the individual and by the individual's family, as appropriate. When current or existing information is not sufficient to assess vocational rehabilitation needs, a comprehensive assessment of the individual's strengths, resources, priorities, concerns, abilities, capabilities and rehabilitation needs, including the need for supported employment, shall be provided. The individual shall be an active participant in the choice of assessments and providers.

The comprehensive assessment shall be limited to information that is necessary to identify rehabilitation needs and to develop an individualized plan for employment. To the degree needed, the comprehensive assessment shall include the following:

- An assessment of the personality, career interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the client and the medical, psychiatric, psychological, neuropsychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors that affect the employment and rehabilitation needs of the individual;
- An appraisal of the individual's work behavior and the services needed for the individual to acquire occupational skills and to develop work attitudes, work habits, work tolerance and social and behavior patterns necessary for successful job performance, including the utilization of work in real job situations to assess and develop the capacities of the individual to perform adequately in an integrated work environment; and,
- Where appropriate, the provision of rehabilitation technology services to assess and develop the capacities of the individual to perform in an integrated work environment.

**Information:**

- Appraisals of intellectual capacities, vocational aptitudes, interests and achievements, as well as assessments of personality, social and vocational adjustment, may be provided directly by qualified Agency counselors or purchased from other qualified providers.



**Section III**

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- Assessment of physical capacities, assistive technology and accommodations, which could enable the individual to perform in an integrated employment setting, including supported employment may be provided.

When on-the-job-evaluation (OJE) is used as an assessment tool, state and federal employment standards apply. Requirements are similar to on-the-job-training (OJT). The counselor, client and employer agree on factors to be evaluated and record them on an RA-89 or similar document with appropriate signatures to indicate agreement with the OJE terms. The employer can be reimbursed up to 100% for an OJE. The typical length of an OJE is no more than four weeks. If job coach services are purchased to support an OJE, the job coach should be covered for Worker's Compensation and liability insurance through a third party. A third party can also be used as an "Employer of Record" to vend client wages, and can be paid reasonable administrative costs.

Vocational evaluations may be arranged or purchased from community rehabilitation programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). They may also be obtained from an educational institution; a self-employed, certified vocational evaluator; or a certified rehabilitation counselor.

**Forms:**

Forms related to this manual item are the RA-65 – Homemaker Activities and RA-89 – On-The-Job Evaluation or Training Agreement.

**Casework Notes:**

For additional information, refer to Casework Notes Issue 6 and Issue 10 in the Casework Notes Section of this manual.

## **Information**

### **Special Assessment Considerations**

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This section contains information and special assessment considerations for certain physical and mental disabilities that have unique diagnostic considerations or implications for vocational rehabilitation. The item on Substance Abuse (4350) contains specific casework procedures incumbent on the counselor.

Additional information on mental and/or physical impairments is available through state and national organizations representing various disability groups, through the National Institutes of Health, the National Institute of Mental Health, the U.S. Center for Disease Control and Prevention, and other reputable sources. Vocational rehabilitation implications of many disabilities are explored in the Disability Handbook published by the University of Arkansas and in specific courses which are found in the MRS E-Learn site at <http://elearn.mrs.state.mi.us/>

## Acquired Immune Deficiency Syndrome (AIDS) Special Assessment Considerations

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### Information:

AIDS is an acronym for Acquired Immune Deficiency Syndrome. It is caused by the HIV virus, which attacks a person's immune system and damages its ability to fight other diseases. AIDS may involve a myriad of bacterial and viral infections, and other disease processes. HIV is diagnosed by a positive serology test for the antibody to the AIDS virus.

Information for planning purposes should be obtained from an internist or treating physician. The diagnostic information should specify whether the individual has AIDS, symptomatic HIV, or a-symptomatic HIV. Information on secondary medical conditions caused by AIDS should also be requested. Please refer to the Agency's policy on Release of Information (2025) for obtaining this information.

According to the Center for Disease Control and Prevention, transmission of the HIV virus occurs only by sexual contact with infected persons, injections of contaminated blood or blood products, or by perinatal transmission from an infected mother to an unborn child. There is presently no cure for AIDS nor a vaccine to prevent it.

More information about AIDS can be obtained by calling the following hotline numbers: 1-(800) 342-2437, 1-(800) 872-2437, 1-(800) 221-7044 and 1-(800) 872-AIDS. The Library of Michigan also has up-to-date pamphlets and texts on AIDS including information on legal and employment implications.

## Allergy

### Special Assessment Considerations

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**Information:**

Positive findings may be objective (e.g., test results, visible wheals) or subjective (e.g., headaches). A second opinion is useful when findings are solely subjective. A second opinion may also be indicated when the specific allergen(s) cannot be identified or when the list of allergens is so lengthy that vocational planning is difficult.

The diagnoses "environmental illness" or "multiple chemical sensitivities" are sometimes used to describe generalized allergic responses. It may be helpful to request that the physician identify the specific allergen(s) involved to ensure that treatment and accommodation services are appropriate.

The Academy of Allergy and Immunology considers many of the testing methods used to diagnose environmental illness as "unproven." In addition, the Academy considers the way in which some physicians use the antibody test known as the Radio-Allergosorbent Test (R.A.S.T.) to be unproven. Medicaid and Medicare do not cover the methods questioned by the Academy of Allergy and Immunology. In contrast, the Academy of Otolaryngic Allergy (another group within the American Medical Association) supports these methods and the use of modified forms of the Radio-Allergo Sorbent Test. In light of these conflicting opinions, counselors may wish to obtain a second opinion before authorizing for this diagnostic method.

Functional limitations may include the need to avoid the allergen(s), reduced respiratory capacity and endurance, fatigue, and damage to the skin. In some instances, the allergen(s) are so pervasive in the setting in which the work is performed that avoidance is not practical and a change of occupation or setting is required.

Medical treatment may include desensitization, avoidance of the allergen, and treatment with medications such as antihistamines, bronchodilators, or steroids.

Accommodations usually involve eliminating the allergen, often through product substitution (e.g., for cleaning products), mechanical changes (e.g., increasing ventilation, cleaning air filters), or using protective equipment (e.g., respirators, gloves).

Since many off-the-shelf air filters are not effective in removing specific allergens, the purchase of air filters is likely to be most effective when based on a recommendation by a qualified professional who specializes in occupational health issues.

The use of non-allergenic materials in the home, school, or work environment may be necessary. For example, using alternative pesticides or cleaning agents. The Job Accommodation Network 1-(800) JAN-PCEH may be of assistance in identifying sources for alternative products recommended by the individual's physician.

## **Allergy**

### **Special Assessment Considerations**

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Modifications to the work place will require the education and cooperation of the employer. An occupational physician or staff of an occupational medicine unit (e.g., Henry Ford Hospital Department of Occupational Health Services (313) 972-1690; St. Lawrence Hospital Occupational Health Services (517) 377-0309; or the Michigan State University Center for Environmental Toxicology (517) 353-6469 are able to diagnose clients, identify allergens in the work place, and recommend modifications and accommodations.

## Cosmetic Disfigurement

### Special Assessment Considerations

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**Information:**

Cosmetic disfigurement may result from congenital defects, trauma, disease, facial paralysis, or be secondary to medical treatment for a primary disorder such as cancer. Severe scarring from burns, port-wine birthmarks or misshaped or missing facial features are examples.

While the cosmetic disfigurement may not be functionally limiting, individuals may be limited by their psychological response to the disfigurement. Evaluation by a qualified professional may result in a recommendation for counseling or psychotherapy. Typical diagnoses may include stress disorders, depressive reactions, and social phobias.

## End State Renal Disease (ESRD) Special Assessment Considerations

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### Information:

End Stage Renal Disease (ESRD) is treated with transplantation or dialysis. There are two major kinds of dialysis: peritoneal, including Chronic Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD), and hemodialysis. Limitations associated with Hemodialysis may include malfunction or infarction of the fistula or button, limited use of the limb where the fistula is located, fatigue (before and or after the dialysis session), time needed for scheduling (usually 2-4 hours, three times per week), aluminum toxicity (from antacids used to treat osteoporosis), the effects of insomnia, and (rarely) mental impairments related to uremia.

Functional limitations associated with Chronic Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) may include infections (which may require time off from work), peritonitis, and limitations in straining, heavy lifting, and blows to the abdomen.

Both Chronic Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) are performed at home. CAPD requires three exchanges per day and does not require the use of a machine. Exchanges can be performed at home, work, or school. CCPD uses a machine (a cyler) and is usually done overnight while the individual is asleep.

Limitations associated with kidney transplant may include susceptibility to infection, possible limitations in lifting, bending, heavy physical work and blows to the body, reactions to steroids and other medications resulting in diabetes, osteoporosis, excessive hair growth and atypical fat distribution, increased intraocular pressure, insomnia, and steroid psychosis.

Individuals who have ESRD are eligible for special Medicare benefits. These benefits are available beginning in the third month after the initiation of dialysis (or in the first month of home dialysis or in the month the individual is admitted for a kidney transplant). Benefits are also available to individuals who are employed and to those covered by private health insurance. For individuals receiving only the Medicare benefit, the coverage ends 12 months after the individual no longer requires dialysis or 36 months after a transplant. Nephrology social workers or the patient services director of the National Kidney Foundation of Michigan can provide additional information on benefits.

Information on renal disease may be obtained from the patient services director of the National Kidney Foundation of Michigan, 2350 South Huron Parkway, Ann Arbor, Michigan 48104 (313) 971-2800 or 1-(800) 482-1455.

## Epilepsy

### Special Assessment Considerations

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**Information:**

The following information will be helpful in vocational planning; the diagnosis, type, and description of seizure(s) (e.g., clonic-tonic, partial-complex) and precipitating factors, description of aura if present, history and frequency of seizures, and the date of the last two reported seizures, current medication and any side effects, any associated intellectual, neurological, or behavioral problems, and a description of activities that must be avoided.

If the client is not seizure-free, it may be possible to determine whether improved seizure control is possible by working with the client and physician.

Individuals who have epilepsy and who have been seizure-free for two years prior to eligibility may not experience a substantial impediment to employment.

It is estimated that no more than 25% of the persons with epilepsy are diagnosed as having "epilepsy only;" the remaining 75% are found to have associated neurological, psychological or intellectual limitations. In addition, seizure frequency has consistently been found to be a less significant barrier to employment than neuropsychological or psychosocial factors. Neuropsychological and clinical evaluation may be necessary to identify functional limitations in the areas of visual-spatial perception, attention to detail, memory, motor speed, etc. Clinical evaluation may reveal limitations directly associated with epilepsy or secondary mental disabilities.

It is important for the client and counselor to understand the effects of medication. While medication management (with antiepileptic blood level studies) attempts to minimize side effects, some persons may experience impairments in motor coordination and mental efficiency. Information on such limitations is best obtained from a neurologist or neurophysiologist.

To obtain a driver's license in Michigan, a person with epilepsy must have a physician certify that the person has been seizure-free for six months. The certification is made on a form available from the Secretary of State's Office.

The Epilepsy Center of Michigan (ECM) is a specialized epilepsy service facility, providing outpatient diagnosis and treatment for children and adults. They may be contacted at (810) 351-7979. Information and referral services are also available to clients through the ECM.



## Hearing Impairments Special Assessment Considerations

Rev. 6/2005

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### Procedure:

An evaluation by an otologist or otorhinolaryngologist is required when:

- Recommended by an audiologist or the treating physician,
- The individual has experienced hearing loss due to disease or injury within the previous five years,
- The individual has not previously been evaluated by an otologist or otorhinolaryngologist,
- There has been a recent, noticeable progression of hearing loss, or
- There is pain, discomfort, dizziness, or drainage from the ear, which has not been evaluated and treated.

An evaluation of vision is recommended for clients with severe or rapidly progressive hearing loss or deafness. Visual functioning is an important factor in determining vocational potential, since these individuals may rely on sight for communication and comprehension.

Functional limitations that result in substantial impediments to employment will generally not be experienced by individuals with no functional hearing in one ear and the other ear unimpaired, and those with an unaided loss of less than 25 decibels in the speech range in each ear. However, the manner in which a hearing loss creates a substantial impediment to employment is highly individual and situational. Individuals with no functional hearing in one ear and the other ear unimpaired should be evaluated for specific functional limitations as the response to this type of loss varies among individuals.

To assure a comprehensive assessment of the client's functional limitations, the counselor can identify the client's perceived limitations, and request confirmation from the providing diagnostician(s). This can be accomplished by reporting the client's stated hearing limitations in a referral letter, or by providing the examiner with a copy of Form RA-60, McCarthy-Alpiner Scale or Hearing Handicap Form RA-67, "Workplace Assessment For Individuals With Hearing Loss" completed by the client, or the client and the counselor.

### Information:

Decibel loss, speech discrimination threshold, and pure tone average are clinical findings. The otologist or audiologist may report the functional limitations that result from these findings on the Audiology Referral Form RA-62; confirming the client's reported functional limitations as listed in the referral letter; or describing the clinical findings and functional limitations in a narrative report. Individuals with hearing loss often claim to hear or understand more than they actually do. Some individuals are unaware of the amount of information that is misunderstood. The extent to which clients actually may be "hearing" (aural input) as opposed to "reading" (visual input) may need to be assessed by an audiologist.

## Hearing Impairments

### Special Assessment Considerations

Hearing loss that occurs during adulthood may cause profound changes in an individual's social interactions. Withdrawal, isolation, and depression are common reactions to grief combined with communication difficulties. When these symptoms are identified, treatment should be considered as part of a comprehensive rehabilitation plan.

Many people with hearing loss experience significant fatigue resulting from difficulty with communication. Appropriate hearing aids and hearing assistive technology may lessen the strain. However, fatigue may need to be managed on an ongoing basis.

The following are definitions of some common terms used in diagnosing and coding hearing impairments, as found in AWARE.

**Conductive or obstructive hearing impairments** are due to conditions of the middle or external ear. In this type of loss, the inner ear is capable of receiving sound waves, but there is an obstruction to the sound waves in the external or middle ear. Conductive losses may be caused by disease, trauma, or congenital conditions and should be evaluated in terms of potential for improvement through surgery or assistive devices.

**Sensorineural hearing loss** results from impairment of the inner ear. The damaged inner ear does not accurately respond to transmitted sound waves or does not transmit accurate sound signals to the brain. To an individual with this type of hearing loss, even loud sounds may be perceived as distorted. Most sensorineural losses cannot be improved medically, but hearing may be improved with hearing aids.

**Deafness, Primary Communication Visual** - Individuals who have very little functional hearing for speech comprehension and primarily use a visual means of communication (such as American Sign Language), both receptively and expressively. Some people who self-identify as deaf may occasionally use some speech when communicating with people who do not sign, but will primarily choose a visual means of communication.

**Deafness, Primary Communication Auditory** - Individuals who receive little or no benefit from hearing aids or hearing assistive technology and who prefer spoken communication to sign language. Speech comprehension will be through speech reading, cued speech or written text. The primary means of expressive language will be through spoken language. These individuals may be considered "oral deaf" or "late deafened" and may choose a cochlear implant to improve communication.

## Hearing Impairments

### Special Assessment Considerations

**Hearing Loss, Primary Communication Visual** - Individuals with severe hearing loss who are unable to hear sounds without hearing aids. These individuals may have difficulty understanding speech in less than optimal listening environments. Hearing Assistive Technology will improve speech comprehension in auditoriums, classrooms, and environments with background noise. Visual input is a necessary aid to auditory communication including good lighting, speech reading, and/or captioning services. Some of these individuals have recently become eligible for cochlear implants.

**Hearing Loss, Primary Communication Auditory** - Individuals with hearing loss who primarily depend on residual hearing to understand spoken language with hearing aids and/or hearing assistive technology. Spoken language is the primary communication mode both expressively and receptively.

**Deaf-Blindness** - The federal definition of deaf-blindness refers to those with any level of hearing loss and central visual acuity of 20/200 or less in the better eye with corrective lenses, or a field defect such that the peripheral diameter of visual field subtends an angular distance no greater than 20 degrees, or a progressive visual loss having a prognosis leading to one or both these conditions. In Michigan, these individuals are generally served by the Michigan Commission for the Blind.

**Speech Range**- The range in which most speech sounds occur: 500-3000 Hertz(Hz).

**Speech Reception Threshold (SRT)** - the softest level of sound at which an individual can correctly respond to at least 50 percent of a list of spondee (bi-syllabic) words.

**Pure Tone Average (PTA)** - determined for each ear by computing the average of the pure tone thresholds at 500 Hz, 1000 Hz, 2000 Hz. For example, if the thresholds are 60 dB at 500 Hz, 80 dB at 1000 Hz, 90 dB at 2000 Hz, the pure tone average would be:

$$60 + 80 + 90 = 230 = 77\text{db}$$

**Speech Discrimination Score** - determined by a phonetically-balanced (PB) word list. The PB list should be administered at the most comfortable listening level (MCL).

#### Forms:

The Forms related to this Manual Item are: RA-60 – McCarthy-Alpiner Scale and RA-67 – Workplace Assessment For Individuals With Hearing Loss

## Mental Illness

### Special Assessment Considerations

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**Information:**

Temporary and transitory conditions typically are not considered to constitute a disability. Some practitioners and clinics elect to use such diagnoses as: "Situational Adjustment Disorder" or "Adjustment Reaction to Adolescence" even though the nature of the condition is not temporary. For each individual, it will be important to establish whether the condition results in functional limitations which create a substantial impediment to employment that will not be eliminated without vocational rehabilitation services.

## **Mental Retardation**

### **Special Assessment Considerations**

Rev. 3/1997

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#### **Information:**

Counselors will need information about adaptive behaviors as well as information about intelligence and grade level achievement. Persons with IQ scores between 70 and 85 are not diagnosed as mentally retarded. These individuals will generally be diagnosed as having "borderline intelligence" and may be eligible based on impaired adaptive behavior(s).

Mental retardation is defined as sub-average, general intellectual functioning, which originates during the developmental period and is associated with impairment in adaptive behavior.

Adaptive behavior may be described in terms of effectiveness of adjustment in response to environmental demands. Impaired adaptive behavior may occur in one or more of the following areas:

- Self-care (dressing, grooming, hygiene)
- Communication and language skills
- Social adjustment (maturity, cooperation, awareness of others)
- Number and time concepts
- Physical coordination
- Self-direction (initiative, attentiveness, perseverance)

Impaired language and number concepts will usually be manifested by the inability to follow complex or multi-step instructions, make change, add, subtract, complete applications, etc.

Impaired adaptive behavior may be documented by psychological testing, work evaluation, counselor or teacher observation, or by the use of behavior rating scales. Client performance is more significant than grade level achievement.

## Obesity

### Special Assessment Considerations

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**Information:**

An evaluation by a qualified medical and/or psychological professional is recommended when the condition does not result from a metabolic disorder.

Obesity is characterized by the excessive accumulation of body fat. The diagnosis of obesity is usually established when the person's weight is at least 20% above the recommended weight for height, frame, and gender and the excess weight creates or complicates other medical conditions such as diabetes, hypertension, cardiac impairments, pulmonary disorders, or osteoarthritis. These secondary conditions may be the source of impediments to employment.

Functional limitations associated with obesity may result from shortness of breath, fatigue on exertion, and mobility restrictions. Individuals whose weight is less than twice the established norms for their sex, height, and frame will generally not have resulting functional limitations.

In general, obesity is treated by the reduction of caloric intake and/or an increase in caloric expenditure. Treatments for weight reduction include diet, exercise, behavior modification, appetite suppressants, and surgery (e.g., stomach stapling, jejunoleal by-pass, jaw wiring). Surgical measures can create serious side effects; thus these measures are warranted only when obesity is life threatening.

The psychological effects of obesity require close attention; feelings of low self-esteem and real or perceived rejection may affect the individual's ability to function successfully in employment. Supportive therapy may be needed throughout the course of services.

**Respiratory Impairments  
Special Assessment Considerations****Information:**

Functional limitations caused by respiratory impairment are based on the amount of activity an individual can engage in before experiencing shortness of breath, frequency of infections or acute attacks requiring treatment and/or hospitalization.

Spirograms are breathing tests, requiring cooperation of the patient, which show how much air can be expired in one second (forced expiratory volume or FEV), or breathed in one minute (maximum voluntary ventilation or MVV), or breathed in one expiration (simple vital capacity or VC). These results need to be interpreted in terms of daily functional limitations.

For more information, call the American Lung Association at (800) 586-4872.

## **Sickle Cell Anemia**

### **Special Assessment Considerations**

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#### **Information:**

Information regarding physical tolerance, types of crises, and prognosis and recommendations for treatment will be helpful in planning.

Persons with sickle cell anemia suffer from sudden onsets of severe pain, which may be localized to one area of the body or be generalized. The intensity and length of pain attacks may vary widely. The pain occurs as a result of plugging of blood vessels by misshapen blood cells (sickle cells), which retard the blood flow. Other complications may be slowly healing sores, ulcers on the legs, and lung and cardiac disease. Persons with sickle cell trait do not have physical limitations but can pass the disease to their offspring.

While sickle cell patients tend to tire easily as a result of the anemia, most can carry on their major life activities without difficulty between pain attacks. Sickle cell patients tend to be more readily susceptible to upper respiratory infections. Therefore, they should avoid cold work settings, sudden temperature changes, and heavily polluted environments. Some may exhibit jaundiced eyes, which may be incorrectly interpreted as a symptom of excessive alcohol consumption. For more information contact the Sickle Cell Disease Association of America (800) 421-8453.



## Specific Learning Disabilities (SLD)

### Special Assessment Considerations

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#### Information:

A Specific Learning Disability (SLD) is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual impairments, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems that are primarily the result of a visual, hearing, or motor impairment, or a cognitive impairment, or an emotional impairment, of autism, or of environmental, cultural, or economic disadvantage. (see Special Education rule R340.1713).

In addition to SLD, learning problems may be associated with a wide spectrum of auditory, emotional, motor, and visual impairments and with disabilities such as attention deficit disorder and mental retardation. Accurate diagnosis is essential in selecting correct treatment and/or remediation.

Typically, individuals will not be correctly diagnosed with both a specific learning disability and mental retardation. If such a dual diagnosis is given, the accuracy of the dual diagnoses should be assessed by requesting the criteria used in making each diagnosis.

It is recommended that evaluations be conducted by individuals who have knowledge and experience in the area of SLD. The counselor should not assume that particular test measures will be provided; the referral letter requesting the evaluation needs to specify questions and request specific test measures.

Obtaining a Full Scale IQ with Verbal and Performance IQ scores is important since a ten-point or more difference between verbal and performance IQ is common with SLD.

Achievement testing of clients with SLD should indicate less-than-expected levels of functioning (two or more year's difference) in one or more of the following academic areas: word decoding, reading comprehension, spelling, and math. There may be a corresponding, significant discrepancy (15 or more points) between the full-scale IQ and the standard score or grade level score on one or more of the achievement sub-tests. However, some individuals who have specific learning disabilities develop significant compensatory skills and may not demonstrate such discrepancies.

Individuals who have a specific learning disability may experience functional limitations in one or more of the following:

- Motor functions, including manual dexterity and eye-hand coordination;
- Tactile functions, including difficulty perceiving tactile feedback;

## Specific Learning Disabilities (SLD) Special Assessment Considerations

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- Visual functions, including spatial reasoning and attending to visual detail;
  - Auditory functions, including discrimination and sequencing;
  - Language functions, including expressive and receptive language;
  - Memory functions, including long and short term memory, visual memory, and sequencing
  - High level conceptual abilities, including problem-solving, abstraction, generalization, concepts related to the use and management of time and judgment;
  - Academic skills, including reading, writing, mathematics, and acquired knowledge;
  - Emotional adjustment, including self-image; and
  - Social skills, including interpretation of social cues and criticism coping skills.

The existence of these functional limitations must be assessed in terms of their being a substantial barrier for the individual preparing for, securing or keeping employment. Many people with SLD have developed unique compensatory techniques, which must be considered in determining whether the person is eligible and which may be emphasized in vocational planning. Some individuals will need training in compensatory techniques when learning new skills or applying skills in new settings. Examples include using checklists, taking more time to learn tasks, or using auditory rather than written instruction.

When remedial academic training is indicated, it will be most effective if it is used to help a client meet the reading or math requirements for a specific goal. Information about such specific requirements can be obtained through Open Options, the Michigan Occupational Information System (MOIS) and through local training sites.

## Speech Impairments

### Special Assessment Considerations

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**Information:**

Speech and language impairments may result from physical disabilities, such as cleft palate, cerebral palsy, cancer of the larynx, deafness, stroke or other brain damage. They may have a psychological basis; or may be of unknown etiology.

Speech disorders may be categorized as:

- Defects in articulation (distortions, substitutions, or omissions of sounds);
- Defects in voice production (deviations in quality, loudness, pitch, variety, or duration of sound production);
- Defects in rhythm (stuttering, cluttering, breath pattern, and inappropriateness of Oral patterning); or
- Defects in language (aphasia, delayed speech, or faulty learning patterns).

## **Substance Abuse Special Assessment Considerations**

Rev. 1/1996

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### **Procedure:**

A history of substance abuse is not sufficient to determine the existence of a substantial impediment to employment for the purpose of assessing eligibility. An assessment by a qualified substance abuse professional should be obtained to assess the client's functional status and possible need for treatment to become employed when existing information is not available or current. Assessment information should include relevant clinical data as well as information about the client's assets and limitations in work-related terms; i.e., physical, cognitive, emotional, social, and personal functioning.

Clients who appear to have coexisting mental or emotional impairments should be referred to a qualified provider for a more comprehensive assessment. Standardized letters may facilitate communication with assessment professionals and treatment programs with respect to the information that is most helpful to the counselor.

Clients should participate in treatment and support groups when recommended by a substance abuse professional as necessary to achieve or maintain employment. Support group attendance is very beneficial to many recovering individuals, but is not considered equivalent to formal treatment. When clients refuse to participate in recommended treatment or support groups, the counselor should determine appropriate case service interventions including case closure.

The IPE should include the details of the client's treatment, where applicable. The expectation or goal of maintaining abstinence from non-prescribed mood-altering substances, i.e., alcohol and other drugs, throughout the rehabilitation process should also be clearly communicated to the client. When clients are unable to maintain abstinence consistently, the counselor and the client will need to determine appropriate interventions. Collaboration with the treatment provider can help assess whether substance usage represents a temporary relapse, or noncompliance. Repeated instances of both relapse and noncompliance may require case closure; however, individuals who have demonstrated a prior commitment to recovery may benefit from improved relapse prevention supports.

Drug testing may be initiated if the counselor feels it is necessary to monitor the client's compliance with an abstinence criterion or to validate the suspected use of substances. If scheduled drug testing is planned, it should be included in the IPE. However, testing may be done at any time the counselor feels there is "just cause" for requesting it. Treatment programs are required to administer drug testing when it is felt necessary by the therapist. Collaborating with treatment programs before arranging drug testing is, therefore, recommended.

## **Substance Abuse Special Assessment Considerations**

Rev. 1/1996

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### **Information:**

Client commitment to recovery and abstinence is also an important determinant in assessing employability and rehabilitation needs. Establishing individualized periods of abstinence to assess readiness for services is acceptable, particularly when done in collaboration with a substance abuse professional. However, a universally-applied abstinence criterion is federally prohibited and may not be used as a condition of applying for, becoming eligible for, or receiving Agency services. Providing a period of extended assessment to individuals who have had very limited success in maintaining sobriety may assess their ability to benefit from services needed to become employed.

Screening applicants with other disabilities for substance abuse may help identify hidden or emerging substance abuse problems before they become disruptive to the client's rehabilitation program. Using the Planning Checklist (RA-2409) and/or other screening instruments available for this purpose may help determine when a professional substance abuse assessment is indicated.

### **Forms:**

Forms related to this manual item are the RA-2775 – Alcohol and Other Drug Assessment Report, RA-2777 – Alcohol and Other Drug Screening Instrument, and RA-2777Span – Alcohol and Other Drug Screening Instrument in Spanish.

## Traumatic Brain Injury Services

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### Information:

Traumatic brain injury may be manifested as orthopedic, visual, aural, neurological, perceptual, cognitive, mental or emotional impairments. The signs and symptoms of traumatic brain injury vary from person to person, depending on the extent and location of damage, and the level of functioning before the injury.

Functional limitations may be manifested in virtually all body functions, including those related to activities of daily living, communication, mobility and coordination. The cognitive functions of learning, memory and judgment are usually affected. Emotional lability may be observed.

Supported or transitional work programs may be more effective than conventional work adjustment programs for those individuals who have difficulty generalizing skills learned in one setting to another.

No-Fault insurance statistics reveal that many individuals with TBI fail within the first three months of placement, despite an initial good work adjustment. Therefore, longer job placement follow-up and the need for post-employment services should be anticipated.

While behavior problems and psychiatric symptoms are common, appropriate treatment may be difficult to locate. Hospital neurology and neuropsychology programs can help identify qualified psychiatrists and therapists.

The Brain Injury Association of Michigan is an information and referral service available to consumers and professionals. Phone (810) 229-5880.

## Visual Impairments Services

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### Information:

In cases of progressive or severe visual impairment, an evaluation for hearing loss is recommended, since these individuals may need to rely on auditory senses.

The visual field is defined as the area in which stimuli will produce sight with the eyes in a straight-ahead position. As visual fields narrow, peripheral vision is reduced. Legal blindness is based on visual acuity of 20/200 or less in the better eye with the best correction or limitation of the visual field so the widest angle is no greater than 20 degrees. Individuals who are legally blind are referred to the Michigan Commission for the Blind. Individuals with or without non-visual disabilities, who are legally blind or have visual acuities of 20/100 or less with rapid deterioration, must be referred to the Michigan Commission for the Blind. A referral can be made by calling the local Michigan Commission for the Blind office. Medical information may be forwarded by the Agency counselor or hand carried by the customer to the local Michigan Commission for the Blind office.

Functional limitations are most typically the result of reduced visual acuity, reduced visual fields, color blindness, impaired stereoscopic (binocular) vision; or, more rarely, nystagmus (involuntary, rapid movements of the eyeball). In macular degeneration and diabetic retinopathy, spots of vision are lost; both acuity and visual fields may be reduced.

Persons whose visual acuity is better than 20/60 or whose field of vision is greater than a 45 degree radius will generally not have a substantial impediment to employment. Monocular vision (sight in one eye only) does not often limit an individual's employability. Many individuals with monocular vision learn to compensate -- often unconsciously. Nearly full compensation may occur when sight is lost in one eye early in life. Determining the substantial impediment to employment is not dependent on the ability to work in just one work setting. The transferability of skills to other work settings and the presence and marketability of other vocational skills need to be considered.

## Development of the Individualized Plan for Employment Planning and Service Provision

This section contains policies, procedures and information about Agency services to individuals with disabilities. Except for assessments needed to determine eligibility, priority for services and vocational rehabilitation needs, most of the services identified in this section require that the individual be eligible for services and to have a signed IPE.

The foundation of all policies in this section is Policy 6000. The first part of Policy 6000, sets forth the basic MRS policy and legal requirements that apply to all services in this section:

*“The services counselors can provide, arrange or purchase for an individual with a disability are those services related to an individualized plan for employment necessary to assist the individual in preparing for, securing, retaining, or regaining an employment outcome in an integrated setting that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.”*

All other service policies in this section are derived from this basic policy and are related to it. Policies that follow, about individual services, simply elaborate on special requirements and considerations that are connected with these services.

The goals, nature (type) and scope (extent) of services that may be provided under this section for an individual are determined through the vocational rehabilitation needs assessment described in Policy and Procedure 3275 regarding Vocational Needs Assessment.

Informed choice by an individual may be exercised relative to any given services in this section as described in Policy and Procedure 2225 regarding Informed Choice, and as found to be necessary as a result of the Vocational Needs Assessment as described in Policy and Procedure 3275.

### **Policy:**

At the completion of the eligibility determination and the assessment of vocational rehabilitation needs, eligible individuals or their representatives shall be provided, in writing and in appropriate modes of communication, information about their options available in developing the Individualized Plan for Employment (IPE).

### **Procedure:**

Information about the options in developing the IPE shall include:

- the availability the assistance from an Agency rehabilitation counselor in developing all or part of the IPE;
- the availability of technical assistance in developing all or part of the IPE;



## **Development of the Individualized Plan for Employment Planning and Service Provision**

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- the option of using other resources, including a qualified rehabilitation counselor not employed by the Agency, in developing all or part of the IPE;
  - the option of completing an IPE without Agency assistance on a form provided by the Agency;
  - a description of the rights and remedies available including the Client Assistance Program, and how to contact it.

This information shall also include, as appropriate:

- a description of the required components which must be included in the IPE;
- an explanation of Agency policies and guidelines associated with financial commitments related to an IPE;
- additional information required by the client or the Agency;

When the determination of eligibility and assessment of rehabilitation needs has been completed, eligible individuals shall be provided the Agency guide “Choosing Your Employment Plan” in a language or format appropriate to their communication needs. This guide meets policy requirements regarding the provision of written information about the individual’s options in developing their IPE. The case record shall be annotated to indicate that the individual has been provided this written information.

Eligible individuals have the opportunity to choose the extent to which they wish to use the assistance of a qualified Agency rehabilitation counselor in developing part or all of their individualized plan for employment (IPE). They are to be informed of the availability of help or technical assistance in completing all or part of the IPE. Counselors may need to facilitate decision making by individuals regarding these decisions, depending on the individual’s decision making skills, or to utilize technical or other assistance in helping individuals to obtain information and make decisions about their IPE.

Some eligible individuals may only need help in completing the printed Agency IPE form (see AWARE or RA-2915-S). Other individuals, with knowledge of agency services, experience and skill in career planning, ability to work independently, knowledge of community resources, and ability in information gathering and decision making will need little or no assistance in completing an IPE.

Technical Assistance (assistance aimed at improving information gathering and decision-making skills needed in plan development) may be provided directly by other agency staff, arranged, or provided by external sources. Examples of technical assistance are Rehabilitation Renaissance advisers, empowerment groups, and individualized decision-making assistance for persons with significant cognitive impairments. Technical assistance may be purchased by the Agency only

## Development of the Individualized Plan for Employment Planning and Service Provision

when the type of technical assistance required is not available directly through Agency staff or comparable community services or benefits. Technical assistance does not include vocational guidance and counseling, which is provided directly through Agency counselors. Counselors may work concurrently with technical advisers and eligible individuals in developing the IPE. Providers of technical assistance must meet provider standards as applicable.

Other plan development assistance may be provided through the use of interagency planning teams, person centered planning, peer groups, various consumer-training activities, and other methods of helping individuals gather information and making informed choices. Such assistance may be purchased when not available through agency staff or comparable community resources.

The IPE (and any IPE amendment) is signed by the eligible individual and approved and signed by an Agency rehabilitation counselor before taking effect. The Counselor's approval signifies that in the counselor's professional judgment

- the IPE will achieve the individual's specific employment outcome;
- the job goal is consistent with the employment characteristics of the individual, and not contraindicated by health or safety reasons;
- the IPE services are essential to reach the individual's job goal;
- the IPE is complete (contains the federally mandated components identified in policy);
- and otherwise meets Agency policy and accountability requirements (e.g. use of comparable services and benefits and "least cost to the agency".)

When differences between an eligible individual (or their representative) and the counselor arise the counselor is to negotiate resolution of differences in the context of a counseling and partnership relationship, respectfully considering the eligible individual's continuing substantive role in making informed choices about his or her IPE, while at the same time adhering to Agency requirements.

If the situation cannot be resolved, the client may contact the Client Assistance Program at 1-800-292-5896 or the MRS Ombudsperson at 1-800-605-6722.

### Forms:

Forms related to this manual item are the RA-2915s - Individualized Plan for Employment, and the RA-2915Spanish - Individualized Plan for Employment in Spanish.

### Casework Notes:

For additional information, refer to Casework Note 6 in the Casework Notes Section of this manual.

## Employment Goal and Outcome Planning and Service Provision

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### Policy:

The IPE shall have a specific employment goal, in an integrated setting, consistent with the individual's strengths, resources, priorities, concerns, abilities, and capabilities, taking into account the individual's interests and informed choice.

Achievement of an employment outcome shall mean entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment; telecommuting; self employment; or any other type of employment in an integrated work setting that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

### Procedure:

Entry level (i.e., unskilled) employment may be identified as an employment goal if the individual is only capable of performing entry-level work or chooses an entry level job as his or her goal.

Local labor market conditions alone cannot be used to rule out a job goal if it is otherwise consistent with the individuals' strengths, resources, priorities, concerns, abilities and capabilities, unless the individual is unwilling to relocate to a job market where the particular job is available.

In a *direct placement plan*, more than one job goal, consistent with the individual's employment factors, may be selected in AWARE when the individual and counselor agree that they are appropriate job outcomes. Such added job goals are entered as customized employment goals in the IPE module.

For eligible students in high school who have not yet determined a specific employment goal, a Career Pathway, as identified by the Michigan Department of Labor and Economic Growth, may be used as an employment goal until the student completes secondary education. After the individual leaves high school, the IPE shall be amended as soon as feasible to reflect a more specific employment goal to provide planned direction to additional training or placement activity. A Career Pathway shall not be used as job outcome at closure.

While cost may not be used to rule out an employment goal, once the employment goal has been identified, cost becomes a relevant factor in determining the means and services used in achieving the goal, consistent with Agency policy.

Career advancement issues shall be considered as a part of vocational counseling and vocational goal selection.

## Employment Goal and Outcome Planning and Service Provision

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### Information:

The employment goal is a specific long-term vocational goal based on an assessment of the individual's rehabilitation needs and based on the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Performance based information is encouraged as part of a comprehensive assessment to determine whether the individual is capable of achieving a desired employment goal.

An employment goal is defined, at a minimum, as an occupational grouping found in the Dictionary of Occupational Titles, or as an occupational grouping identified in the U.S. Bureau of Labor Statistics, Occupational Employment Statistics (OES) codes used in AWARE or as an occupational grouping in O-Net.

Career advancement in an individual's present career may be considered as a part of post-employment services, or for eligible employed individuals when it is determined that the current employment is not consistent with the individual's strengths, resources, priorities, concerns, abilities, and capabilities. (See Policy and Procedures 3175, Individuals Employed at Intake and Policy and Procedures 7200, Post Employment Services).

An employment goal may be in full or part-time employment in the competitive labor market, supported employment, the practice of a profession, self-employment, farm or family work, telecommuting, homemaking, or any other gainful work consistent with the individual's informed choice and the employment factors described above.

In assisting the client to select a suitable occupation, primary consideration should be given to the client's strengths, capabilities, abilities, priorities and career interests -- as well as to the client's functional limitations, family, environmental, and labor markets issues. These factors taken together will dictate the degree to which training and other services will be necessary to provide the client with an opportunity to compete in the job market, and have opportunities for advancement. Training at or beyond the bachelor's level is sometimes necessary to achieve meaningful employment at the client's level of ability and capability if functional limitations preclude practice of an occupation at a baccalaureate level.

For many clients, an entry level job, one which requires little or no training, education or job experience will not be adequate, nor will it meet the requirements of the Rehabilitation Act. Entry level jobs may be appropriate for transitional work experience, and in those instances where clients are unwilling or unable to develop more specific job skills.

Job matching systems like Open Options or the Michigan Occupational Information System (MOIS) can assist the client and the counselor in identifying and exploring appropriate career goals, after physical, mental and behavioral abilities and capabilities are identified.

## Employment Goal and Outcome Planning and Service Provision

Some clients may not be ready to enter employment commensurate with their abilities and capabilities until they build work tolerance and develop core work behaviors (e.g., attendance, punctuality, dealing with criticism). They may need one or more transitional work experiences before they are ready to select and/or enter a vocational goal consistent with their abilities. Some clients may need both transitional work experience and training to achieve a vocational goal.

A religious vocational goal may be selected and Agency services provided to help a client prepare for, obtain, or maintain the goal, but by federal policy may not be provided solely to support the practice or advancement of religion.

In analyzing whether services support the practice or advancement of religious beliefs, the counselor should ensure that the service(s) provided:

- Addresses functional limitations (e.g., the client is unable to hear and is provided with a hearing aid, or the client is unable to drive to work and is provided with hand controls), and
- Have an impact primarily on the client, rather than the religious organization or the practice of religion (e.g., the client who uses a wheelchair is provided with a ramp to exit the home in contrast to providing a ramp at the church primarily for parishioners).

Homemaking may be established as a vocational goal for clients who will be personally performing the major portion of homemaker tasks necessary for maintaining a home for the family or for themselves (i.e., at least 20 hours per week). The Homemaker Activities Chart, form RA-65, may be used to record the homemaking tasks the client cannot perform. Self-care activities are not considered homemaking tasks.

When closing a case rehabilitated as a homemaker, the homemaking activities the client can now perform more independently at closure as a result of Agency services shall be described as noted in the Homemaker Activities Chart or in reports from other authoritative sources.

### Forms:

Refer to the RA-65 – Homemaker Activities Chart in Policy and Procedures 3275 – Vocational Needs Assessment.

### Job Aids:

For further information see the Common Job Titles for OES Categories Job Aid (5025a-JA) in the Job Aids Section of this manual.

## **Individualized Plan for Employment Planning and Service Provision**

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### **Policy:**

The IPE shall be a written document prepared on a form approved by the Agency. It shall be developed so that it affords the eligible individual meaningful opportunity to exercise informed choice in the selection of the employment goal, the specific vocational rehabilitation services required to achieve the employment goal, the entities that will provide services, and the methods of service provision. The IPE shall be signed by the individual or, as appropriate, the individual's representative and by a qualified Agency rehabilitation counselor. Planning and approval of the IPE shall be conducted within the framework of a counseling relationship. Counselor approval of an IPE verifies that the IPE is consistent with Agency policies and guidelines, is complete and is expected to lead to an employment outcome.

### **Procedure:**

The IPE shall be designed to achieve the employment goal of the individual. It shall include the following:

- A specific employment goal in an integrated setting. The employment goal shall be consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. A Career Pathway may be used as an employment goal for high school students, consistent with the requirements of RSM 5025, Employment Goal and Outcome.
- Services necessary to achieve the employment goal. These services shall be provided in integrated settings, to the maximum extent possible and appropriate. As needed, they shall include assistive technology devices; assistive technology services; personal assistance services and training in managing, supervising and directing personal assistance services.
- The anticipated date by which the employment goal will be reached;
- An expected and timely beginning date for each service, and as appropriate, an ending date or event for the service;
- Objective and measurable criteria to evaluate progress in achieving the employment goal;
- Identification of the service providers and their responsibilities.
- Identification of the responsibilities of the Agency and the individual in achieving the employment goal;
- The extent of the Agency's participation, and the participation of the individual, in the cost of services.

## Individualized Plan for Employment Planning and Service Provision

- The extent to which comparable services and benefits, available under any other program, will be used to cover service costs or provide needed services.
- The IPE shall be completed promptly, but no more than 90 days following eligibility certification, unless the individual and counselor require more time to arrive at an agreed upon plan. In the event that more than 90 days are required, the case record shall document the reason for the delay, the activities or services planned to complete the IPE, and the anticipated IPE completion date.
- The Individual Education Plan (IEP), for students receiving special education services, shall be considered while developing the IPE. The IPE shall be developed and completed for students who are eligible for Agency services before they leave the school setting. The student's IPE shall be coordinated with the goals, objectives, and services in the IEP. Coordination of the IPE with a student's Individualized Education Plan (IEP) is demonstrated by identifying the IEP services in the IPE or by attaching a copy of the IEP to the client's IPE. As long as the student remains in school, a copy of the IPE may be provided to the educational entity.
- A copy of the IPE shall be provided promptly to the individual and as appropriate, to the individual's representative. It shall be provided in the individual's native language or in an appropriate mode of communication for the individual.

The IPE shall be recorded on a blank copy of an AWARE IPE form in AWARE. If a blank AWARE IPE form is not used, form RA-2915s may be used. No other forms are sanctioned by the Agency. When an RA-2915s or a blank AWARE IPE is used to secure the individual's signature, an IPE must be replicated in AWARE to enter necessary data in the case management system.

### Information:

The IPE is developed between the Agency and the client. It is a statement of intent and is not legally binding. If a case is transferred between counselors, the IPE is to be honored by the receiving counselor unless the vocational goal, services or time frames are ambiguous or no longer appropriate.

The Individualized Plan for Employment letter in the AWARE Letters catalog may be used as the cover letter to help the counselor obtain the individual's signature on the IPE.

### Forms:

- ✓ RA-2915s – Individualized Plan for Employment
- ✓ RA-2915s-Spanish – Individualized Plan for Employment in Spanish

## Supported Employment Planning and Service Provision

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### Policy:

An employment goal of supported employment shall be considered for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred, or has been interrupted or intermittent as a result of a significant disability and who, because of the nature and severity of their disability, need intensive, ongoing support services to maintain integrated, competitive employment.

Assessments to determine whether supported employment is feasible shall be individualized and conducted in integrated settings. Special supported employment funds may not be used for supported employment assessments prior to an Individualized Plan for Employment (IPE) and are limited to services after an IPE is completed.

Supported employment includes transitional employment for clients with the most significant disabilities due to mental illness, and may include employment in integrated settings for individuals who are working toward competitive wages.

### Procedure:

- An IPE for supported employment (SE) shall include a substantial and suitable employment outcome and identify the number of hours to be worked per week. It shall include a provision for appropriate extended support services to be provided by another agency, organization, other appropriate resource, or the employer to assist the individual in maintaining employment after transition from Agency- provided supported employment services. In those instances where a source cannot be identified at the time the IPE is developed, a statement shall be included in the IPE explaining the basis for concluding that there is a reasonable expectation that services will become available. All supported employment cases shall be identified as such in the Special Programs page of AWARE.
- Use of special (Title VI b) Supported Employment Funds are limited to services provided after an IPE has been developed. Such services are: any assessment, diagnostic and evaluation services needed after IPE services have commenced; job site accommodation; assistive technology evaluation, and assistive technology devices and services; job development/placement assistance and/or follow-up; any restoration services; and any training services such as job coaching, on the job training, work adjustment and or work hardening or conditioning. Whenever Supported Employment funds are used, Supported Employment must be identified in the Special Programs page of AWARE. Supported Employment Funds may be used only for individuals identified as Most Significantly Disabled.
- General funds (Title I) or local cash-match agreement funds may be used for SE assessments prior to an IPE and for any appropriate supported employment service.



## Supported Employment Planning and Service Provision

- MRS ongoing support services, including support services for supported business enterprise services, shall not exceed 18 months unless, under special circumstances documented in the case record, the eligible individual and the counselor agree to extend the time in order to achieve the objectives identified in the IPE.
- MRS ongoing support services include, in addition to the comprehensive assessment and services provided for other employment goals, the coordination or provision of specific intensive services, at or away from the work site, that are needed by the individual to maintain employment stability. Such services consist of:
  - Mandatory assessment of progress at least twice monthly at the work site, or off site at the request of the individual;
  - The provision of skilled job trainers who accompany the individual for intensive job skill training at the work site;
  - Job development and placement;
  - Social skills training as necessary to function at the work site;
  - Follow-up services needed to reinforce and stabilize the job placement; and
  - Facilitation of natural supports at the work site.
- Before the transition from time-limited support services by MRS to extended support services with another agency occurs, the following minimum requirements shall be met:
  - The client's job performance has stabilized;
  - The weekly work goal established in the IPE has been achieved, or if not, an IPE Amendment has been written documenting the actual number of hours worked per week and the counselor and client's agreement that the job represents substantial and suitable employment; and
  - The extended supported services must be immediately available to prevent any interruption in the ongoing support services needed to maintain employment.
- Post-Employment Services that are non-complex and of short duration and needed to maintain the worker on the job may be provided if not available from the extended support service provider.

## Supported Employment Planning and Service Provision

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### Information:

A substantial and suitable supported employment outcome is defined as gainful work in an integrated setting with the maximum number of hours possible based on the individual's unique strengths, resources, interests, concerns, abilities and capabilities. Supported Employment is not work therapy or work activity, and requires competitive wage, except in circumstances in which the individual is working towards competitive wage and has a reasonable expectation of achieving competitive wage. This definition includes group job placements in enclaves of no more than 8 workers in integrated employment settings.

Supported Employment is a "place and train" rehabilitation model in which another community agency, such as a CMH provider, provides long-term support services after the client's MRS case is closed. The intent of this model is to make integrated, community-based employment available to individuals who might otherwise be unable to achieve competitive employment. Integrated setting refers to a non-sheltered work environment that offers the individual an opportunity for regular interaction with individuals in the community (other than their service providers) who do not have disabilities. The potential to benefit from supported employment should be specifically considered when assessing the employability of individuals with the most significant disabilities who have previously been unable to perform competitive work. MRS, by federal regulation, has an on-going responsibility to search for extended service providers for eligible but unserved individuals in order to maximize the numbers of individuals receiving supported employment services.

Job skills training and other training may not be needed for all clients in supported employment. If needed, it should be furnished by the most appropriate means for the client, including training provided by skilled job coaches or employment specialists, or other qualified individuals including co-workers or through natural supports. Natural supports means utilizing the natural work environment for support through social integration; i.e., connecting clients with others in the work setting in ways that will be self-sustaining for the client. The concept requires analyzing the social interactive systems within the work setting and culture and then, seeking, supporting and facilitating methods that would assist the client in becoming a member of that culture. The goal is for the client to belong socially and, as a result, receive assistance naturally in completing tasks and solving problems.

Provision of job- coaching as a service does not automatically denote supported employment, unless other elements of supported employment noted above are also present.

When purchasing job coaching services, counselors should consider the individual's qualifications to provide this service; for example, does the individual have the requisite training and skills, is the individual covered by liability insurance through either a third party or if self-employed through personal insurance.

## **Supported Employment Planning and Service Provision**

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Multiple placements may be needed for clients with chronic mental illness receiving time-limited transitional employment services until job stability is achieved. After transition, any additional placements needed until job permanency is achieved are the responsibility of the extended service provider. (See Policy and Procedures 8150, Transitional Employment Services for Persons with Severe Mental Illness for more information)

Since most individuals who require supported employment services are referred by a local community mental health service provider, counselors should also refer to additional information published in the Guidelines for Supported Employment in Michigan. This document was jointly published by MRS and MDCH on August 18, 1998 and is available from the Agency's Casework Policy section.

The Supported Employment Job Aid in E-Learn provides further information and details about case recording requirements for supported employment.

## Comparable Benefits Planning and Service Provision

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### Policy:

Comparable benefits and services available in whole or part from other programs for the services listed in the individual's IPE shall be used before the services are authorized by the Agency unless this would result in an interruption or delay of the progress of the individual toward achieving the employment outcome identified in the IPE; delay in services for an individual at extreme medical risk or when an immediate job placement would be lost due to a delay in the provision of needed services.

### Procedure:

Extreme medical risk shall be based on medical evidence provided by an appropriate medical professional documenting the individual would experience a substantial increase in functional impairment or risk death if medical services are delayed.

If comparable services identified in the IPE or benefits exist under any other program, but are not available to the individual at the time needed, services shall be provided until those comparable services and benefits become available.

The following services shall be exempt from a determination of the availability of comparable benefits and services:

- assessment for determining eligibility, priority for services, or rehabilitation needs;
- vocational rehabilitation counseling, guidance and referral services;
- vocational and other training services, such as personal and vocational adjustment services, books, tools, and other training material not associated with training in an institute of higher education, which are defined as colleges and universities, community and junior colleges, vocational and technical schools or institutes, and hospital schools of nursing;
- placement services;
- rehabilitation technology services including vehicle modifications, and
- merit awards and scholarships.

## **Comparable Benefits Planning and Service Provision**

The same services shall be exempted from the comparable benefit and services requirement when provided during post-employment and when providing services to family members. Case service funds shall not be spent on goods and services which are clearly the responsibility of another agency. It is the intent of the Rehabilitation Act that public entities such as Education, Medicaid/Medicare, public welfare (TANF, Work First!) which are obligated under Federal or State law to provide or pay for services that are also considered vocational rehabilitation services should meet that obligation either directly or through interagency agreement.

Support services such as maintenance, transportation, interpreter, and personal assistance services may not be provided by the Agency unless a determination has been made that comparable services and benefits under any other program are unavailable.

### **Information:**

Comparable services and benefits are those benefits or services that are: 1) paid for, in whole or in part, by another Federal, State or local public agency or an employee benefit; 2) available at the time the individual needs them; 3) comparable to services available through the Agency.

Consideration of available comparable benefits and services is an essential part of the individual's needs assessment and IPE development. Individuals should be provided a clear understanding of what services are to be obtained from other sources such as their insurance provider, college financial aid resources, or other state and/or federal agencies as noted above, and what their responsibilities are in securing these services. The IPE should take into consideration the time frames required for securing comparable benefits and services, such as those required for securing medical benefits under Medicaid. Vendors who are providers for Medicaid/Medicare or other insurance(s), should be asked to process their charges to the insurance first before billing the agency for any costs which may not be covered by insurance. Although counselors may pay the individual's portion (20%) of a covered Medicare Part B service if no other resources are available, they may not contribute to services covered by Medicaid, or to the individual's spend down requirement.

If utilization of comparable benefits and services are not clearly established in the development of the IPE, the agency cannot, at a later date, require the individual to utilize comparable benefits if it will then delay or interrupt their established time frame within the IPE.

"Immediate job placement" means confirmed and verified employment, consistent with the individual's employment factors, which would be lost if Agency services were delayed due to a search for comparable benefits and services.

Comparable benefits and services are generally considered to be readily available when they are available within six months of the time planned in the IPE.

## **Comparable Benefits Planning and Service Provision**

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### **Casework Notes:**

For additional information, refer to Casework Note 3 in the Casework Notes Section of this manual.

**Financial Participation  
Planning and Service Provision****Policy:**

Eligible individuals shall be encouraged to participate in the cost of the services listed in their IPE to the extent they are able to do so.

## Individualized Plan for Employment Amendment Planning and Service Provision

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### Policy:

An Individualized Plan for Employment (IPE) amendment shall be developed when, as a result of the annual review or at any other time, the IPE needs to be revised. An IPE Amendment shall not take effect until agreed to and signed by the Agency counselor and the individual or, as appropriate, the individual's representative. A copy of the amendment shall be provided to the individual and, as appropriate, to the individual's representative.

### Procedure:

An IPE amendment (new Plan in AWARE) is required in any of the following circumstances:

1. Change in an IPE employment goal or outcome.  
An IPE Amendment is required when the Job Title described in the AWARE Employment record is not within the same job group as the IPE employment goal(s) described in the IPE. When the Employment Goal(s) in the existing IPE and the Job title in the Employment record are within the same job group in AWARE, they are considered to match and an IPE amendment is not required. A job group is defined as an OES Job Title Category or as a "minor occupational group" in the Standard Occupational Classification (SOC) System.  
  
An IPE amendment revising the Employment Goal must be accompanied by an IPE counseling summary that provides the rationale for the change and describes how the new Employment Goal is consistent with the individual's abilities, capabilities, strengths, resources, priorities, concerns, interests and informed choice.
2. Addition or removal of a substantial service.  
A service that costs the Agency \$1000 or more meets the definition of a substantial service, regardless of how it is authorized. However, a service costing less than \$1000 may also be considered a substantial service based on the discretion of the counselor.
3. A substantial change in the service provider.  
A change in a service provider that results in an increase in service costs to the agency, a longer period of time to complete, or a significant change in outcome is considered substantial.
4. A substantial lengthening of time required to achieve an employment outcome.  
A substantial lengthening of time is defined as a lengthening of the IPE completion date by more than six months.



## Individualized Plan for Employment Amendment Planning and Service Provision

5. A substantial increase in total estimated service costs to the Agency beyond those noted in the current IPE.  
A substantial increase is defined as an increase of more than \$2000 beyond the previous total estimated cost.

Changes to the IPE, as agreed to by the individual and counselor, shall be recorded in AWARE or on Agency Form RA-2915s. Use of the RA-2915s must be supplemented by recording the IPE Amendment in AWARE.

### Information:

- An IPE amendment may also be warranted when a substantial comparable benefit is added or removed, such as the addition or removal of mental health treatment services provided by another agency or organization.
- Amending an IPE actually requires the counselor to create a new IPE in AWARE. The counselor should refer to the AWARE training manual for more information.

### Forms:

RA-2915s – Individualized Plan for Employment  
RA-2915Span – Individualized Plan for Employment in Spanish

## **Annual Review of the Individualized Plan for Employment Planning and Service Provision**

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### **Policy:**

Each IPE shall be reviewed annually by any qualified rehabilitation counselor to assess the individual's progress in achieving the employment goal. At this time the individual shall be provided an opportunity to review the program and jointly redevelop and agree to its terms.

### **Procedure:**

The results of the annual review documenting the individual's progress shall be noted in the case record.

The Notice to Client Regarding Annual Program Review located in the AWARE letters catalog, may be sent to offer clients an opportunity for a formal review of their IPE. If clients do not respond within 30 calendar days by scheduling an appointment, it can be assumed they are satisfied with their IPE as originally written. The counselor is responsible for completing the Plan Review documentation in AWARE. AWARE will alert counselors to client IPE annual review dates one month before they are due.

### **Information:**

"Any qualified rehabilitation counselor" means a rehabilitation counselor who meets the requirements for national rehabilitation counselor certification (CRC). It is not required that this counselor be an employee of the Agency. If a plan amendment is developed, it must be approved by the Agency counselor.

## **Self-Employment and Small Business Planning and Service Provision**

Rev. 9/2001

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### **Policy:**

Self-employment, including small business, may be considered as a vocational option for eligible individuals if:

- it reflects the individual's informed choice;
- is consistent with the individual's strengths, resources, priorities, concerns, interests, abilities and capabilities, including appropriate accommodations.

### **Procedure:**

Self-employment plans shall be supported, at least in part, by resources beyond MRS, and make appropriate use of available community benefits and resources.

All self-employment plans that involve starting a business venture shall have a viable Business Plan prior to the approval of the Individualized Plan for Employment.

Small business enterprises may be supported by the Agency as part of an IPE if they:

- comply with all relevant state, federal and local laws and regulations
- are owned and operated by the individual being served by the Agency
- are organized as a "for profit", as appropriate
- do not involve speculative activities (i.e., pyramid ventures)
- are designed to become a major source of income for the individual to the greatest extent practical.

A case closed successfully in any form of self-employment shall reflect income and other criteria described in the Business Plan or the IPE.

Because business enterprise plans require extensive development activities, the period of time required to develop an IPE will often exceed the standard 90-day time frame. Closure of business enterprise and other self-employment cases must be considered on an individual basis, consistent with the criteria for successful employment established in the IPE, and is likely to exceed the minimum 90 day follow-up period required for all successful closure.

## **Self-Employment and Small Business Planning and Service Provision**

Rev. 9/2001

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### **Information:**

Services in support of self-employment, including small business, may include technical assistance and other consultation services to conduct market analyses and develop business plans, as well as other services necessary, including but not limited to training, restoration, occupational licenses, association fees, tools, equipment, initial stocks and supplies, and assistive technology.

Self-employment is a broad category for various options. It may include self-employed tradesmen, professionals, contractual service or technical workers, as well as various forms of small or micro business enterprise. Generally, self-employment is defined as: “The consumer owns, manages and operates the planned endeavor for profit or fee and is not considered to be an employee of another person, business, or organization.”

Business enterprise, as a type of self-employment, may be supported by the Agency if it falls into one of the following sub-categories:

- Micro enterprise – a proprietorship that usually consists of only the owner, has difficulty securing loans from traditional lending sources, and generally requires a modest initial investment of funds.
- Small business – Independently owned and operated and not dominant in its field.
- Telecommuting: “commuting via electronic transmission from a geographically disperse location where an individual can work at home on a computer and transmit data and documents via telephone lines and is not employed by any other entity.” (Note: Telecommuting may also be other than self-employment.)

Assistance with business enterprise development should include coordination of all possible resources including local and statewide partners/providers, businesses, institutions of higher education, family members, banks, and micro-enterprise lenders. Technical assistance for business planning and financial support may be purchased or acquired at no cost from local providers. Judgment must be exercised in using informed choice principles to enable consumers to select provider(s) who have demonstrated performance and best meet the needs of the individual consumer at the least expense to the Agency. Contributions by the individual may include non-financial resources.

A primary role of the rehabilitation counselor is to assist the individual with a plan for business enterprise to obtain support and information for assessment, planning, and implementation of the business plan. This should include the identification and acquisition of resources to support the plan. Each district office has a small business champion who is responsible for providing current and more detailed guidance for small business development, especially identification of pertinent resources and service providers.

A step-by-step process for determining the viability, feasibility, market and financial resources for each business proposal is contained in the Michigan Rehabilitation Services Handbook for Business Enterprises.

**Casework Notes:**

For additional information, refer to Casework Note 4 in the Casework Notes Section of this manual.

**Termination of Services  
Planning and Service Provision****Policy:**

Individuals shall be notified in writing 10 working days prior to the termination, reduction or suspension of an Agency authorized service. They shall have the right to appeal, including mediation of the termination, reduction or suspension and request that the service continue pending the outcome of the appeal. Services being provided in assessment, plan development or under an IPE shall continue during the appeal process unless the individual or the individual's representative requests termination of services, or the Agency has evidence that the service has been obtained through misrepresentation, fraud, collusion, or criminal conduct on the part of the individual or individual's representative. The notification of appeal rights shall include the process for requesting mediation and includes the availability of the Client Assistance Program to assist with an appeal.

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**Policy:**

The services counselors can provide, arrange or purchase for an individual with a disability are those services related to an individualized plan for employment necessary to assist the individual in preparing for, securing, retaining, or regaining an employment outcome in an integrated setting that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

These services may include:

- Assessment for determining eligibility, priority for services and vocational rehabilitation needs;
- Vocational rehabilitation counseling and guidance including information and support services to assist individuals with disabilities in making informed choice
- Job search, and placement assistance and job retention services;
- Referral and other services necessary to help individuals' secure needed services from other agencies;
- Vocational and other training services including personal and vocational adjustment, books, tools, and other training materials, and such services to the families of eligible individuals as are necessary to the adjustment or rehabilitation of the individual, except that no training services in institutions of higher education (universities, colleges, technical institutions, or hospital schools of nursing) shall be paid for with Agency funds unless maximum efforts have been made by the counselor and the eligible individual to secure grant assistance, in whole or in part, from other sources to pay for that training;
- To the extent that financial support is not readily available from a source (such as health insurance and benefits or other community resources), diagnosis and treatment of physical and mental impairments which may include:
  - Corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical or mental condition that constitutes a substantial impediment to employment, but is of such a nature that such correction or modification may reasonably be expected to eliminate or reduce such impediment to employment within a reasonable length of time;
  - Hospitalization (either inpatient or outpatient) in connection with necessary corrective surgery or therapeutic treatment, and clinic services;

**Services  
Services**

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- Prosthetic, orthotic and other assistive devices
  - Eyeglasses and visual services
  - Special services for eligible individuals with end-state renal disease including transplantation, dialysis, artificial kidneys, and supplies;
  - Diagnosis and treatment for mental and emotional disorders by qualified personnel;
  - Dentistry;
  - Podiatry;
  - Physical therapy;
  - Occupational therapy;
  - Speech or hearing therapy;
- Maintenance for additional costs, in excess of normal costs, incurred while participating in an assessment for determining eligibility and vocational rehabilitation needs or while receiving services under an individualized plan for employment.
  - Transportation (defined as travel and related expenses) including adequate training in the use of public transportation vehicles and systems, that is provided in connection with the provision of any other service and needed by the individual to achieve an employment outcome,
  - On-the-job or other related personal assistance services provided while an individual is receiving other vocational rehabilitation services;
  - Interpreter services for individuals who are deaf;
  - Occupational licenses, tools, equipment, and initial stocks and supplies;
  - Technical assistance and other consultation services to conduct market analysis, develop business plans, and otherwise provide resources, to the extent such resources are authorized to be provided through the statewide workforce investment system, to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome;
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- Rehabilitation technology services including rehabilitation engineering, assistive technology devices and services, vehicle modification, telecommunications, sensory, and other technological aids and devices;
  - Transition services that promote movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation as needed to facilitate the accomplishment of the employment goal and objectives in the IPE,
  - Supported employment services for individuals with the most significant disabilities;
  - Vocational rehabilitation services to family members if necessary for the eligible individual to achieve an employment outcome;
  - Other goods and services necessary to achieve an employment outcome; and
  - Specific post employment services necessary to maintain, regain or advance in employment including the assessment of rehabilitation needs.

**Casework Notes:**

For additional information, refer to Casework Note 4 in the Casework Notes Section of this manual.

## Accommodations Services

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### Policy:

Accommodations shall be provided as needed during the rehabilitation process to enable applicants or eligible individuals to perform tasks or behaviors required for their rehabilitation program. The Agency shall not provide accommodations that are the legal responsibility of a third party under the ADA, Section 504 of the Rehabilitation Act or any other law.

### Procedures:

Counselors may provide accommodation services directly (e.g., designing and installing a color coding system for a client whom does not read). They may work collaboratively with other professionals (e.g., working with a psychologist to design memory cues for a client with limited short-term memory). Counselors can also purchase or arrange accommodation services (e.g., purchasing a work site evaluation and equipment modifications from an occupational therapist).

Examples of accommodation services that support job development and placement include:

- Services needed to enable the client to participate in an initial employment interview;
- Personal equipment, and, as needed, training in the use of the equipment;
- On-the-job evaluation or training, or job coaching required to enable the client to perform the job if these services are not provided by the employer for all employees in the job category;
- Modified tools and equipment and, as appropriate, training in their use when the employer requires that all employees provide their own tools;
- Interpreter services during the initial adjustment period on the job; and
- That portion of the cost of accommodation services which would constitute an undue hardship for the employer.

Employers and institutions are responsible for accommodation services that provide for physical accessibility (e.g., ramps, doorways, parking spaces), become the property of the organization (e.g., a built-in desk and bookcase), are needed by consumers of their services and the general public, modify equipment provided for all employees (e.g., if all employees are provided with a computer, the employer would be responsible for providing the same equipment for a worker who is handicapped), or used by other workers as well as the employee who has a disability (e.g., a copy machine with modified dials used by all staff).

## Accommodations Services

Federal regulations mandate that equipment or modifications purchased by the Agency are the property of the client. When providing accommodation equipment that will be used at the work site, the fact of client ownership should be established with the employer.

Most community colleges receive monies under the Carl Perkins Vocational Education Act to fund supplementary services used in the classroom for vocational education students and have access to these funds for interpreters, note takers, tutors, etc.

If it is necessary to purchase accommodation services to ensure client access to training or employment opportunities, or to avoid delays in IPE services, consultation with the district manager is advised before purchasing the service to ensure consistency of response to the community and customers.

The use of a rehabilitation engineer may be indicated when the problem can best be addressed by the application of engineering methodologies and scientific principles to modify or eliminate physical barriers to rehabilitation. Rehabilitation engineers may provide a continuum of prescriptive services ranging from design decisions on how to raise a desk to accommodate a wheelchair to the design and fabrication of a specialized computer keyboard. While possession of a bachelor's degree in engineering is usually recognized as a minimum requirement for entry in the field of engineering, the engineer's practical experience should also be assessed.

### Information:

The Department of Treasury, Bureau of Revenue provides information on state income tax benefits for employers who provide accommodations. They can be reached at (517) 373-3196. Employers may also call 1-(800) 424-1040 for information on federal tax benefits (Section 190 of the U.S. Tax Code).

### Job Aids:

For further information, see the Accommodations for Individuals with Hearing Loss in Classroom and Related Settings Job Aid (6025a-JA) and College Training Policy Job Aid (6625a-JA) in the Job Aid Section of this manual.

## Acupuncture and Alternative Therapies Services

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### Information:

Acupuncture, and other forms of "alternative" treatment may represent an appropriate physical restoration service to reduce or eliminate functional limitations and impediments to employment.

Acupuncture, acupressure, aroma therapy, chiropractic, herbal remedies, homeopathy, and hypnosis are the most popular of the alternative treatment approaches for a variety of physical and mental conditions.

The appropriateness of purchasing alternative therapies lies with the counselor's assessment of the potential for improving employability. Medical or psychological consultation and/or a second qualified opinion may assist the counselor in considering the merits of requests to provide alternative therapies.

Acupuncture is the practice of inserting very thin sterile needles into specific parts of the body to stimulate circulation, healing, improved immune functioning, or relief of pain. Acupuncture is also used in the treatment of behavioral conditions such as substance abuse, overeating, and nicotine addiction. Acupuncture needles may or may not be electrically stimulated or manually manipulated after insertion, depending on the practitioner or the condition being treated.

In Michigan, acupuncture is defined as the practice of medicine and may be performed only by physicians or acupuncturists who are supervised by a physician. Because of the potential for serious reactions to acupuncture treatment, it is safest for acupuncture to be performed by physicians or in medical settings.

Purchase of acupuncture services may be appropriate when recommended by a physician or other qualified individual to eliminate or substantially reduce functional impediments to employment, especially if traditional treatment methods have failed. It is best to provide acupuncture treatment only after the client has been evaluated and a treatment plan has been formulated. It would not be appropriate generally to purchase acupuncture services when treatment is elective or when requested because it is not provided by the client's health insurance provider.

## Assistive Listening Devices Services

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### Policy:

Assistive listening devices may be purchased when required to achieve an IPE employment goal. Assistive Listening Devices shall be recommended by an audiologist or other vendor experienced with assistive listening equipment.

### Procedure:

If a permanent installation is required, it is federally required that assistive listening devices be installed only in buildings owned by the client. If the equipment is portable and used solely for the benefit of the client, the device is considered personal equipment and may be purchased for the client.

### Information:

Assistive listening devices use specialized microphones, transmitters, and receivers to amplify speech and reduce background noise in group settings such as theaters, lecture halls, and meeting rooms. Most assistive listening devices can be used without a hearing aid or connected to hearing aids that have a tele-coil. They will not benefit individuals who have no functional hearing.

Three primary types of assistive listening devices are currently on the market:

- Personal amplified systems, which are used for one-on-one conversations and TV listening;
- Induction loop transmitters, which often use an existing, sound system and transmit sound to a loop worn around the user's neck;
- FM transmitters which use radio waves to transmit from the speaker to one or more listeners; and
- Infrared transmitters, which transmit sounds by invisible light beams from the speaker to the listener.

The induction loop and infrared devices require installation. These systems can be installed permanently, or can be set up and taken down after each use.

### Job Aids:

For further information, see Assistive Listening Devices Job Aid (6075a-JA), in the Job Aids Section of this manual.

## Cochlear Implants Services

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### Procedure:

To meet state and federal regulations and professional standards for the provision of cochlear implants, there should be a medical statement that, based on an examination, there is no medical contraindication to implantation or training; a prescription by an otologist or otolaryngologist; a second opinion, by an otologist or otolaryngologist (from a different setting or clinic) confirming the prescription; and a statement from an audiologist indicating that the client cannot achieve functional hearing from a hearing aid or other means of amplification and supporting the use of the implant.

### Information:

A cochlear implant consists of components, which are surgically implanted in the inner ear (the electrode array) and in the mastoid bone behind the ear (the receiver/stimulator), and worn externally (a speech processor and a microphone/transmitter).

In general, individuals who have lost their hearing after acquiring normal speech and language (post-lingual loss) are the most successful candidates for cochlear implantation. Individuals who have been completely deaf for a short period of time tend to adjust better to the implant than those who have experienced a long-term loss.

The Food and Drug Administration list the following criteria for patient selection:

- A profound sensorineural loss bilaterally;
- Post-lingual deafness;
- Psychologically and motivationally suitable for the surgery and training;
- Radiographic evidence that there is no contraindication to placement of the electrodes in the cochlea or to the placement of the receiver/stimulator in the mastoid;
- Little or no benefit from hearing aids;
- No contraindication, based on medical examination, to surgery or training; and
- A positive response to electrical stimulation of the oval window (promontory).

When considering a cochlear implant, adults should be counseled as to the lengthy adjustment period required.

## **Cochlear Implants Services**

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Following surgery, performed under general anesthesia, there is a period of post-operative testing and adjustment, following by 10-22 weeks of training. Post-surgical training is an essential element in the effective use of a cochlear implant since the individual must be trained to interpret the sounds produced by the device. Thereafter, most programs provide regularly scheduled rechecks.

Clients should be provided with information and/or counseling to assure realistic expectations regarding risks and outcomes of implantation.

## Counseling and Guidance Services

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### Policy:

Counseling and Guidance may be provided either as a primary or as a support service to achieve an IPE objective. Counseling may also be provided to support personal, social or vocational adjustment by providing it directly, arranging for it or purchasing the service.

### Procedure:

- ***Provided by Agency Personnel***  
Counseling and Guidance are considered essential rehabilitation services leading to employment provided directly by the counselor throughout the course of vocational rehabilitation. (See Policy and Procedure 2025, Rehabilitation and Counseling for a description of professional counseling services provided by qualified Agency counselors)
- ***Purchased from other Providers***  
When counseling or psychotherapy services outside the scope of practice or skill level of the counselor are required, they may be arranged or purchased from qualified service providers for a limited period of time. The following are guidelines in selecting qualified providers.
- ***Professional Counselors, Psychologists, Marriage and Family Counselors*** who are selected to provide counseling, psychotherapy, or personal and work adjustment counseling are required to be licensed by the State of Michigan. Certified Social Workers must be registered by the state. Limited license practitioners may be utilized. Psychotherapy, counseling and therapy are generic terms and may be provided by any of the professionals identified in this paragraph.
- ***Mental Health Counselors or Work Adjustment Specialists*** who are part of a nationally accredited mental health or rehabilitation facility, or who are individually certified meet provider standards.
- ***Substance Abuse Treatment*** providers or counselors who work in a substance abuse agency licensed by the Department of Community Health, Division of Substance Abuse Quality and Planning (888) 736-0253 or (517) 318-0531, are covered by the agency's license, or they may be individually licensed as providers by the Department of Consumer and Industry Services. Psychologists and physicians may provide substance abuse treatment without certification by Division of Substance Abuse Quality and Planning. Professional Counselors and/or Social Workers may provide substance abuse counseling as part of their practice as long as they do not call themselves substance abuse treatment specialists or providers. The Department of Consumer and Industry Services, Licensing and Recipient Rights can be contacted at (517) 241-1970 for information on licensed CSAS providers.



## Counseling and Guidance Services

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- ***Debt Management Counseling*** firms must be licensed by the Department of Consumer and Industry Services; however individual debt management counselors who do not handle customer's funds need not be licensed. The Department of Consumer and Industry Services can be contacted at 1-(877) 999-6442 or by going to <http://www.michigan.gov/cis> for more information.
  - ***Peer Counselors*** (as distinguished from other peer support personnel) meet provider standards when they work for a recognized Center for Independent Living, a nationally accredited rehabilitation or mental health organization, a nationally or locally recognized disability organization (e.g., United Cerebral Palsy, Epilepsy Center of Michigan), or are individually licensed as counselors.

### Casework Notes:

For additional information, refer to Casework Note 9 in the Casework Notes Section of this manual.

## **Dental Treatment Services**

Rev. 1/1996

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### **Policy:**

Dental restoration services may be authorized only for dental impairments which create a substantial impediment to employment, for which no other community benefits or services are available, and which are required to obtain or maintain an IPE employment goal.

### **Procedure:**

Dental restoration shall be prescribed by a licensed dentist.

Written price quotations shall be obtained.

### **Information:**

Dental impairments which create a substantial impediment to employment generally fall into two categories: 1) those where disease or injury of the teeth and gums create chronic pain and a threat to the individual's health so that steady employment is precluded, and 2) those dental conditions which are primarily structural and cause problems of speech which interfere with job performance.

### **Forms:**

The form used for this manual item is the RA-4672 – Report of Dental Examination, found in Policy and Procedure 3125 – Eligibility Assessment.

## Employment Follow-up Services

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### Policy:

Employment follow-up shall be provided to address any accommodation or adjustment needs, and to ensure a successful employment outcome. The counselor and client and, as appropriate, the employer shall determine the most suitable method of employment follow-up.

### Procedure:

Employment follow-up may be provided directly; arranged through another individual or agency involved with the client such as a job coach, rehabilitation organization, or placement agency; or purchased.

If employment follow-up services are purchased, a written agreement shall specify the following:

- The type of contact (e.g., by telephone, in person, in a group);
- The location of the follow-up (e.g., on the job, after hours);
- Frequency and duration of the contact and method of reporting; and
- The fee to be paid

When follow-up services have been arranged or purchased, at least one follow-up contact shall be completed with the client prior to case closure to ensure that employment is suitable and that there are no unresolved issues that would interfere with continued successful employment.

The date the federally required 90 day minimum follow-up period begins is the date employment begins. If the client changes jobs during the follow-up period, a new 90-day follow-up period shall begin to ensure the suitability of employment and satisfactory job performance on the new job before case closure.

For individuals employed at intake and provided services to maintain employment, the 90-day follow-up period begins when services have been completed. The purpose of follow-up in these cases is to ensure that the services have adequately and appropriately addressed the client's accommodation (or other) need(s), employment is satisfactory, and that no further services are needed to maintain employment.

While 90 days is the minimum period of employment follow-up required, the counselor and client shall consider whether a longer period of follow-up is needed to achieve satisfactory job performance and ensure job retention.

## Employment Follow-up Services

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For employment follow-up procedures of SSDI beneficiaries or SSI recipients, see Policy and Procedures 8100, Social Security Recipients Reimbursement Reporting Requirements.

Before purchasing employment follow-up services, it shall be determined whether these services are already included in fees paid for placement, job club, supported employment, or accommodation services.

### Information:

In addition to employment follow-up, counselors may provide, arrange, or purchase services which support employment retention, including individual and group counseling, peer support groups, and employment retention groups offered by Centers for Independent Living, community rehabilitation programs and other community agencies.

A number of proprietary companies assist clients in documenting work incentives and managing the monthly reporting. Their fees are typically included in the charges made to the plan to achieve self-support or impairment related work expenses. Care should be taken to ensure that the client understands the financial impact of these fees. In some instances, fees may be so high that the client gains little by working.

The Employment Verification letter in the AWARE letters catalog can be used to request employment information from the client.

### Casework Notes:

For additional information, refer to Casework Note 8 in the Casework Notes Section of this manual.

## Equipment and Tools Services

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### **Policy:**

Equipment and tools may be purchased to achieve an IPE employment outcome.

### **Procedure:**

Clients shall be informed of their responsibility to offer to return tools or equipment purchased from Agency funds when these are no longer needed to support an IPE objective. This client responsibility shall be included in the IPE and in the case closure letter.

Counselors shall evaluate the cost/benefit of transporting and reassigning returned equipment. When tools or equipment are reassigned, the name of the receiving client and counselor, and the date the receiving client actually took possession of the tools or equipment shall be identified in the case record of the client who originally had possession of the equipment for accounting purposes.

### **Information:**

Equipment and occupational tools are defined as tangible property of a more or less permanent nature. Examples include tools, equipment required for employment, machinery, computers, telecommunication devices, hand controls, mobility devices, etc.

## Hearing Aids Services

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### Policy:

Hearing aids may be authorized or arranged when part of an IPE or as part of extended assessment.

### Procedure:

- Before a hearing aid is authorized, the case record shall document how hearing aid(s) are essential to the individual's extended assessment/trial work experiences, job preparation or employment, and that the specific hearing aid(s) are required by the individual to carry out work or training functions.
- The following three evaluations are required before a hearing aid may be purchased:
  - Medical Concurrence. An examination by a licensed physician (preferably an Otologist or ENT physician) no more than six months prior to the purchase of a hearing aid, to ensure that a hearing aid is not contraindicated or that medically treatable conditions which effect hearing are identified and treated.
  - Audiology Evaluation. Hearing loss shall be evaluated and documented through an audiology assessment by a certified audiologist (American Board of Audiology or American Speech-Language-Hearing Association, CCC-A certified) within 6 months prior to authorization for a hearing aid.
  - Hearing Aid Evaluation. A hearing aid evaluation by a certified audiologist is required to identify the appropriate hearing aid(s). At least two suitable hearing aid options shall be requested from the audiologist. (E.g. digital, or analog programmable.) Ear molds may be purchased to conduct the evaluation. Audiology Referral Form RA-62 should be used to support vocational necessity and provide the basis for cost quotations.
- Comparable benefits such as Medicaid or private insurance shall be used to acquire hearing aids when the comparable benefit is readily available (within six months after the recommendation has been made), unless an imminent, specific job offer is jeopardized.
- A minimum of two comparable written quotations are required for hearing aid(s) which exceed \$1500 per hearing aid, including related services (orientation, fitting, ear molds, support, adjustment, conformity check, batteries, warranties and follow-up.) *Audiology Referral Form, RA-62* and *Hearing Aid Quotation Form, RA-63* should be used to obtain comparable quotations. Only a single price quotation is required for hearing aids, including related services, that cost \$1500 or less per hearing aid.

## Hearing Aids Services

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- Client contribution to the purchase of hearing aids, consistent with the individual's ability to contribute, shall be discussed with the client, strongly encouraged, and the results documented in the case record.
  - The counselor and client shall identify a savings plan as a part of the IPE to ensure that the customer will be able to provide for the maintenance of the hearing aid(s) and future replacement of the same.
  - The Agency contribution to the purchase of hearing aids and services is limited to that which meets the functional vocational rehabilitation needs of the individual at least cost to the Agency. The customer has the opportunity to select more costly or cosmetically desirable hearing aids, but is responsible for the difference in cost.
  - When a hearing aid(s) is purchased from a mail order vendor, arrangements shall be made to have the aid delivered to an audiologist to ensure that it is performing at factory specifications before it is fitted. Fitting and follow-up services may be purchased from the audiologist.
  - A conformity check shall be completed by an audiologist before the 30-day factory return period expires to ensure fit and function. A Real Ear Technology assessment is recommended to determine the effectiveness of the hearing aid. Payment may be processed once the client has received the hearing aid.
  - The 90-day job placement follow-up period begins after the hearing aid has been received, and the individual is able to function satisfactorily in employment.
  - Hearing aid repair for an eligible individual may be appropriate if the audiology report indicates the hearing loss is not rapidly progressive. Consultation with an audiologist is recommended before repairing a hearing aid more than 3 years old.
  - Routine maintenance or replacement of hearing aids for individuals who are satisfactorily employed is generally the responsibility of the individual. See Manual Item 3100 regarding eligibility for services of such individuals. See also information about "Warranties" below.

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**Information:**

The procedures above incorporate federal and state legal requirements governing the purchase of hearing aids. Audiology Services Referral Form, RA-62 is strongly recommended to ensure adequate audiology or hearing aid recommendation reports. Hearing Aid Quotation Form, RA-63 should be used to ensure comparable quotations so that the counselor and client can adequately compare prices and products. If these forms are not used, the counselor is required to provide comparable written information to the vendor. While procedure requires only one price quotation for hearing aids/services costing less than \$1500, counselors may seek multiple price quotations below that amount to obtain competitive prices.

**Guidance and Counseling:**

Assistance with a hearing aid involves guidance and counseling with the client throughout the rehabilitation program. The process includes assisting the individual to understand the nature and severity of the hearing loss and personal, psychosocial, and vocational adjustment to the loss. Such guidance may include:

- Education regarding basic understanding of the audiogram;
- Counseling to manage loss and stress related to a recent or progressive loss of hearing;
- Assessment of the work or training site to determine the need for additional accommodations;
- Training in speech reading;
- Referral to local support and information organizations;
- Consideration of use of telephones, assistive listening technology and environmental alerting equipment; and
- Guidance as to self-advocacy approaches, including rights under the ADA and Michigan disability laws.

**Medical Concurrence:**

An Otological exam is required by most health insurers for those clients who use health insurance coverage for hearing aids.



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**Audiologist Referral:**

Clear communication with the audiologist about the client's communication needs will assist in the proper selection of hearing aid(s). The counselor should ensure that the audiologist understands the vocational focus of the MRS referral for hearing aid services. Questions to be asked of the audiologist by the counselor should include:

- How will a hearing aid(s) improve this person's work place functioning?
- What type of hearing aid and options, if any, are necessary to improve the person's hearing for employment functions?
- What alternative hearing aid selection at a lesser cost would be suitable for this individual considering the individual's work or training needs?
- Would additional assistive listening technology be needed to enable adequate work function?

Clients should be encouraged to work closely with the hearing aid provider to assure proper use, fitting and adjustment in order to obtain optimum use from the aids.

**Assistive Technology Loan Fund:**

The Michigan Assistive Technology Loan Fund has been established to help people with disabilities purchase assistive technology, including hearing aids. Individuals who are not eligible for MRS services, or who otherwise wish to seek a loan to secure hearing aids or assistive listening devices may apply for a loan from this fund. The AT Loan Fund can be reached at 1 (800) 828-2714 or at <http://www.mi-atlf.org>.

**Comparable Services and Benefits:**

Sensory devices are exempt from the requirement that a thorough search for comparable benefits be conducted. However, when such benefits are, in part or whole, readily available to the individual (defined by MRS as within six months) through Medicaid or the individual's private insurance, and do not jeopardize imminent employment, they must be used.

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**Hearing Aid Vendors:**

Hearing aids may be purchased from any licensed dispenser as well as reputable mail order firms such as Hearing Aid Centers of America (HAC) and managed care providers such as Hearing Planet. The latter are often able to sell their product at less cost due to volume purchasing. Clients need to be made aware of purchasing options in the context of facilitating informed choice and best value decisions.

**Telecoil:**

The need for a telecoil should be considered as part of the hearing aid assessment. Many hearing aids function more effectively with a telephone when a telecoil is installed. When used with assistive listening devices, the telecoil feature maximizes the person's ability to hear the spoken word. (Policy and Procedures 7075, Assistive Listening Devices).

**Vocational Necessity:**

The counselor has the responsibility to determine the vocational necessity of hearing aids based on information provided by the audiologist, the client, and, as needed, through a job or training site assessment. The counselor should clearly understand the client's job duties and work related communication requirements before determining that a hearing aid is necessary. A written statement from an employer may be used if it is detailed enough to establish the above.

Establishing the vocational necessity of a specific hearing aid is achieved after discussion with the client and recommendations of the audiologist. The focus should be on what is needed to facilitate performance of the client's essential job functions and job-related communication requirements. Documentation of vocational necessity should be evident in the case record.

**Warranties:**

Most manufacturers' warranties cover a one-time-in-one year loss/damage replacement. If a client seeks a replacement during the first year, the vendor from whom the hearing aid was purchased should be contacted prior to authorization for a replacement.

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### **Types of Hearing Aids:**

Style of hearing aid refers to where the hearing aid is worn in relation to the ear. Style of hearing aid may be a personal or cosmetic decision but may also be linked to functional aspects of the hearing aid.

- Behind the Ear (BTE)
- In the Ear (ITE)
- In the Canal (ITC)

Type of Hearing Aid Circuitry refers to the internal components used to receive and amplify sound:

- Analog
- Analog Programmable
- Digital

### ***Analog Hearing Aids***

- Also called conventional, traditional, or linear hearing aids.
- May allow manual volume control.
- Amplify all frequencies equally. Low tones that may not need to be amplified may be annoyingly loud while high tones are still not audible to the wearer.
- Amplify background sounds in a manner that competes with speech sounds.
- Good for people who are not bothered by loud noises (tolerance) or who live or work in a quiet environment with little background noise.
- Suitable for individuals with conductive hearing loss (no nerve damage.)
- Need replacing about every three years.

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***Programmable Analog Aids***

- Use analog circuitry with a chip that is programmed on a computer.
- Can be adjusted to specifically match an individual's unique hearing loss.
- Listening programs can be defined for use in a variety of sound environments (i.e. shop floor and office).
- High sounds can be amplified more than the low sounds, or visa versa, to match the way a person hears.
- Automatic volume control adjusts volume based on sound input without user intervention.
- Directional microphones amplify sounds in front of a person more than those behind to screen out background noise.
- Can be reprogrammed if hearing changes.
- A remote device is an option that allows the user to switch channels and volume conveniently.
- Frequently lasts 5 years or more.

***Digital Programmable Aids***

- Have all and more of the adjustments and features of the Analog Programmable.
- Listening programs can be adjusted in bands allowing for settings that precisely match an individual's hearing loss.
- Increase clarity of sound, reduce circuit noise, have faster sound processing and improved ability to listen in environments with background noise.
- May be difficult to adjust to for people who are accustomed to hearing through an analog aid due to the way sound is processed by the brain.
- Require three months or more and multiple visits to the hearing professional to obtain maximum benefit.
- The most expensive type of hearing aid.

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- Many people will achieve satisfactory hearing improvement with a less expensive analog programmable, others will notice a dramatic improvement with digital aids.
  - These aids should last 5-7 years before needing replacement.

Programmable analog aids and digital aids provide significant improvement over conventional analog hearing instruments for many wearers. Audiologists currently recommend these instruments for the majority of their patients. If possible, client and counselor should seek out an audiologist who will allow the individual to try out different types of aids in real listening environments.

Customers should be educated as to the options, cost and benefits being recommended so that they can make an informed choice. If the customer prefers a more expensive aid than the one that is suitable for their vocational needs (i.e. cosmetic or other reasons) then they are responsible for the additional costs to obtain the more expensive hearing aid.

If the counselor is unsure of the rationale for a more expensive hearing aid, he or she should talk with the prescribing audiologist about their reasoning to determine the functional vocational benefits of the recommended aid as relates to the employment goal. The counselor may also request a second opinion from another audiologist. A qualified audiologist will learn about the individual, the type of environment they work in, and their unique hearing preferences. These factors are typically included when the hearing aid recommendation is made.

**Resources:**

*The following list of resources may be useful to counselors or their clients. This list is not intended to be an exhaustive list, nor should inclusion or exclusion of any organization constitute endorsement by Michigan Department of Labor and Economic Growth- Rehabilitation Services.*

**E-Learn**

Deaf and Hard of Hearing Resource Center: Log in to E-Learn  
<http://elearn.mrs.mi.us> , Choose “Other MRS Programs”, then “Deaf/HOH.”

**Reference Book**

A Consumer’s Handbook on Hearing Loss and Hearing Aids. A Bridge to Healing.  
*Edited by Richard Carmen. Published by Auricle Ink, Sedona, Arizona, 1998.*

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**Organizations for information and support:**

- American Speech-Language-Hearing Association.  
<http://www.asha.org/hearing/>
- Michigan Self- Help for Hard of Hearing People (MI-SHHH). To locate groups in your local area: [www.mi-shhh.org/](http://www.mi-shhh.org/)
- Statewide Services for the Hearing Impaired: [www.sshi.org](http://www.sshi.org) (810) 239-3112
- Michigan Association for Deaf, Hearing, and Speech: [www.madhs.org/](http://www.madhs.org/)
- Michigan Division on Deafness, Hard of Hearing Specialist, Ann Liming  
1-(877) 499-6232
- Michigan Coalition for Deaf and Hard of Hearing People: [www.michdhh.org](http://www.michdhh.org)  
and [www.michdhh.com](http://www.michdhh.com)

**Forms:**

Forms related to this manual item are the RA-62 – Audiology Referral Form, and the RA-63 – Request for Comparative Price Quotation on Hearing Instruments.

## Experimental or Unproven Treatment Services

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### Procedure:

Experimental treatment may be provided under limited circumstances to achieve an IPE employment goal. The Agency is federally prohibited from providing unproven treatment.

Experimental treatment may be provided if it meets the following criteria:

- It is conducted in a medical facility or university center with recognized protocols and adequate follow-up;
- It is the only treatment option available to the client which may reduce a substantial vocational impediment(s) to employment; and
- The counselor has advised the client to discuss related risks and benefits with the physician.

### Information:

*Unproven treatment* is that which has never been tested or has been tested and shown to be fallacious (i.e., the drug Laetrile) or ineffective.

*Experimental* treatment is typically described as treatment for which efficacy has not yet been proven and is still under research with experimental protocols. Experimental treatment is rarely covered by Medicaid or Medicare. Patients are usually advised by their treating practitioners when a procedure is considered experimental. Classification of treatment modalities change over time; therefore, treatment classified as experimental today may be classified as standard in the future. The referring practitioner, a medical consultant, or other related specialist should be consulted to determine whether a recommended treatment is experimental.

The requirement that experimental treatment be provided by medical facilities or university centers with recognized protocols is a quality control measure. Generally such facilities are recognized as having appropriate research controls and follow-up. Commercial health insurance companies may pay for experimental treatment conducted in these settings.

## Home Modifications Services

### **Policy:**

Home modifications may be authorized or arranged as part of an IPE to enable an eligible individual to train for, obtain or maintain an employment outcome.

### **Procedure:**

An evaluation and prescription, or written recommendation, by an occupational or physical therapist, physiatrist, licensed building contractor, or rehabilitation engineer shall be obtained before authorizing for home modifications.

A quotation shall include a statement of the length of time required to complete the modifications and a statement that the vendor will be responsible for assuring conformity to all applicable building codes and zoning ordinances.

It is federally required that the home be owned by the client or the client's family, for structural changes to be made.

Home modifications shall not be purchased when the primary purpose is independent living or self-care.

### **Information:**

When considering home modifications, a comprehensive assessment of vocational, mobility, endurance, and other related issues will contribute to functional, cost-effective planning. For example, a change from a manual to an electric wheelchair may necessitate wider door openings and more room for turning space.

State and federal accessibility standards do not apply to single-family (State of Michigan's R-4 category) or duplex (State of Michigan's R-3 category) residential units. However, the Barrier Free Design provisions of the State Construction Code and the Americans with Disabilities Act Accessibility Guidelines may provide helpful guidelines for ramps, doorways, grab bars, etc.



## Independent Living Services Services

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### Policy:

Independent living services may be provided when necessary to achieve a vocational rehabilitation goal.

### Information:

Independent living services include, for example:

- Case assessment;
- Home evaluation/consultation;
- Transportation;
- Interpreter services for the deaf;
- Language interpreter services/translation;
- Independent living skills instructions (individual or group);
- Peer consultation;
- Personal care attendance screening and referral;
- Personal care attendant service; and
- Structure/site modification.

Centers for Independent Living are one source of providing these services.

A listing of web sites for Michigan's Center for Independent Living facilities are at the Michigan Department of Labor and Economic Growth's public web site. <http://www.michigan.gov/mdcd>. Click on the Disability and Rehabilitation link.

## Interpreter Services Services

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### Policy:

The Agency shall provide interpreter services for clients who are deaf, hard of hearing, or who do not speak or understand English and require this service to participate in rehabilitation programming, except when it is the legal responsibility of another entity.

### Procedure:

Interpreters and referral centers shall be provided with information regarding the nature of the assignment, date, time, address, and the communication mode preferred by the client. Counselors shall allow 10 to 14 days to arrange for interpreter services. If more than a half-day of interpreting is needed, it will be necessary to provide two or more interpreters. Because of the mental and physical fatigue brought on by continuous interpreting process, recess periods will need to be provided for the interpreter at twenty to thirty minute intervals.

Since the background, education, language levels, and communication methods of clients who rely on manual communication or oral interpretation vary, the interpreter shall be carefully matched to the client's communication mode. These modes include: ASL (American Sign Language), PSE (Pidgin Signed English) and SEE (Signed Exact English). While some clients who rely on manual communication or oral interpreting may be able to communicate by writing or lip reading for short periods of time and in low stress situations, interpreters shall be provided for more formal or demanding situations such as the first several days of a training program, initial training time on the job, etc., unless the individual requests that an interpreter not be provided.

Primary consideration shall be given to the communication method preferred by the client (e.g., sign language, oral interpretation, non-English interpretation). Using interpreters who are not personally related to the client whenever possible, such as family members, close friends, or job associates, will help ensure a more impartial, professional and confidential interpretation.

If a language interpreter is needed for a non-English speaking client, care shall be taken to find an interpreter appropriately matched to the client's needs, since the dialect, education and language level of the client can vary.

### Information:

The use of interpreter referral centers helps assure the selection of an appropriate interpreter. Referral centers arrange for interpreters and act as the vendor. They may charge an administrative fee for this service.

Other entities which have a legal responsibility for the provision of interpreter services include educational institutions and employment programs receiving federal funds.

## **Interpreter Services Services**

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The International Institute (313) 871-8600 may be able to assist in locating an appropriate foreign language interpreter. The Arab Community Center for Economic and Social Services (ACCESS) can help identify interpreters for individuals who speak Arabic languages (313) 842-7010.

## Maintenance Services

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### Policy:

Maintenance services may be provided only for additional costs, over and above normal living expenses, which individuals incur because of their participation in assessment or IPE services.

### Procedure:

The amount reimbursed to state employees for traveling on Agency business, as published in the Standardized Travel Regulations or its annual update, is used as the basis for determining maximum maintenance amounts. The per diem rate is used, if computed on a whole-day basis.

After clients begin employment, maintenance may be provided only until clients receive their first full pay check.

Mortgage payments represent purchase of property and, therefore, are federally prohibited from being authorized.

Counselors shall ensure that the provision of maintenance services does not jeopardize assistance the client may be receiving from other sources, such as Supplemental Security Income (SSI) or other welfare benefits.

### Information:

The following are examples from Federal Regulations of expenses that would meet the definition of maintenance. The examples are purely illustrative, do not address all possible circumstances, and are not intended to substitute for individual counselor judgment.

- The cost of a uniform or other suitable clothing that is required for job placement or job seeking activities.
- The cost of short-term shelter that is required in order for an individual to participate in vocational training at a site that is not within commuting distance of the individual's home.
- The initial one-time costs, such as a security deposit or charges for the initiation of utilities, that are required in order for an individual to relocate for a job placement.

## Native American Healers Services

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### Policy:

Native American Healers may legally be used for a client who is a member of a recognized tribal group for services such as the treatment of substance abuse, mental illness, chronic pain, and chronic physical illness.

### Procedure:

Native healers are identified through tribal councils or through health or rehabilitation professionals who are Native American and involved in the client's rehabilitation program. Use of a Native American healer may be part of a comprehensive plan that makes provisions for on-going treatment and follow-up. Native American healers are used as an adjunct to, not in lieu of, recommended medical treatment. If monetary payment to the Native American healer is not appropriate, a direct payment may be authorized to the client for the purchase of goods traditionally presented to the healer as a part of the healing ceremony (e.g., blankets, food).

### Information:

The following Michigan tribal groups are federally recognized - Bay Mills Indian Community of the Sault Ste. Marie Band of Chippewa Indians, Bay Mills Reservation, Michigan; Chippewa Indians of Michigan, Saginaw Chippewa Indian Tribe of Michigan, Isabella Reservation, and Sault Ste. Marie Tribe of Chippewa Indians of Michigan; Grand Traverse Band of Ottawa and Chippewa Indians of Michigan; Hannahville Potawatomi Community of Michigan; Keweenaw Bay Indian Community of Michigan, and Lac Vieux Desert Band of Lake Superior.

Tribal councils and individual Native Americans will express widely divergent views on the use of Native American healers, ranging from endorsement of healers and other traditional ceremonies, to those who have embraced alternative religious values and ceremonies. It is important to provide the range of rehabilitation services in the context of a knowledge and appreciation of the client's cultural values. An understanding of the client's values and cultural views will be an important first step. Use of tribal council members and Native American-operated social service programs will often be helpful.

## Other Goods and Services Services

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### Policy:

Other good and services may be authorized or arranged when required to achieve an IPE employment outcome.

### Information:

Examples of “other goods and services” include:

- Payment of union dues, medical insurance, initiation fees, or the cost of a bond, when necessary for the client to obtain employment.
- Legal services necessary to achieve an IPE objective except that fines, debts and/or bail expenses should not be authorized.
- Warning devices for the deaf.
- Clothing appropriate for interviewing with potential employers at job fairs, business advisory groups, etc.
- Training in self-care, self-care services and equipment when needed for a client to achieve an IPE employment outcome.

## Personal Assistance Services

### Policy:

As a federally defined support service, personal assistance services may only be provided in support of one or more required IPE services leading to employment, or in support of Extended Assessment services.

### Procedure:

Only personal assistance services required to support specific Extended Assessment or IPE services may be purchased.

The IPE must specify how the individual will sustain personal assistance services once employment is attained, whether through the individual's earnings, Social Security work incentives, or through comparable benefits and services.

- *Selection and Training Considerations*

The individual and counselor shall assess the scope and type of personal assistance services needed to support an employment related service, as well as the individual's readiness to manage personal assistants. Employers may need to be included to assess the assistance needs with respect to accomplishing essential job functions. Employers have responsibility for providing personal assistance services under the ADA when needed as a job accommodation, but not for self-care functions such as eating, dressing or toileting.

- *Use of Comparable Benefits and Services*

Comparable benefits such as Health Insurance, Auto No-Fault Insurance, special Medicaid programs and PASREP shall be explored and used to the extent they are available before authorizing for personal assistance services. The following is an elaboration of many comparable benefits:

#### Medicaid

Personal attendant care services are not covered under regular Medicaid. They are also not covered under the Freedom to Work Medicaid program. Medicaid coverage of personal care services are available under two different programs sponsored by the Department of Community Health.

**The Home Help Program** provides unskilled personal care services. These services can be arranged by the beneficiary's Department of Human Services adult services worker or can be prescribed by a physician. They are home-based services such as laundry, housekeeping, and other personal care tasks. These services are generally only available to assist the beneficiary at home.

## Personal Assistance Services

**Home and Community Based Services Waiver (MI Choice Waiver)** covers services to individuals with disabilities who, without the provision of waiver services, would require nursing facility care. The Department of Community Health administers the waiver through contracts with organized health care delivery systems in the community. These services are generally only available to persons to assist them at home.

### Auto No-Fault

Individuals receiving Auto No-Fault insurance are served by the Disability Management Program. However, general program counselors may have a dual case with such individuals. Auto No-Fault insurance may be a source of personal assistance services. Call the consumer Assistance Section of the Office of Finance and Insurance Services at 1-877-999-6442 for information or assistance with program resolution. The web site is [www.michigan.gov/ofis](http://www.michigan.gov/ofis).

### PASREP

The Personal Assistance Services Reimbursement for Employment Program (PASREP) is funded through a Michigan state appropriations line item in the Michigan Department of Labor and Economic Growth budget. This program is targeted to a narrow set of working people with very severe disabilities whose earnings were not initially sufficient to pay for the costs of the Personal Assistance Services they require in order to work. Established in 1985, the PASREP program serves around 36 people statewide. Over the years, few people leave and few come into the program. There is generally a waiting list. The maximum a person can be reimbursed is \$1,000 a month with the average reimbursement being \$856 a month.

Persons in the program must work more than part time and pay the remainder of the cost for personal assistance services out of their own pocket. To apply, individuals need to contact their local Center for Independent Living or the Ann Arbor Center for Independent Living at 734-971-0277. More information about PASREP may be found at the web site <http://www.copower.org/pasbook/pasb7.htm>.

### Community Living Supports

Community living supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation. These supports can be provided in the home or in a community setting. These services are available to persons covered under the Community Mental Health Services Program (CMHSP). While these services are available outside the home, they do not supplant Home Help services. Individuals and their case managers must request Home Help services before Community Living Supports assistance can be authorized.



## Personal Assistance Services

- *Social Security Work Incentives*

Social Security work incentives are not federally defined as comparable benefits, but their use can significantly benefit the individual. Specific personal services can be deducted from earnings as an impairment-related work expense (IRWE). This will reduce the amount of earnings SSA uses as countable earnings to demonstrate performance of SGA. This benefits individuals by allowing them to earn more income before it affects their benefits. The following qualify as IRWE exclusion:

- Performed in the work setting.
- Performed to help individual prepare for work, the trip to and from work, and after work, for example bathing, dressing, cooking, and eating.
- Services that incidentally also benefit individual's family, for example meals shared by individual and individual's family.
- Services performed by individual's family member for a cash fee where he/she suffers an economic loss by reducing or ending his/her work in order to help individual. This includes individual's spouse reducing work hours to help individual get ready for work.

Individuals receiving SSDI may be able to write a Plan to Achieve Self Support (PASS) in order to become eligible for SSI and the Medicaid benefit.

- *Paying for Personal Assistance Services*

The individual with a disability and counselor should work collaboratively to identify sources of comparable benefits and plan for ongoing personal assistance services after case closure. Counselors may need to take an active role in helping individuals locate sources of funding for Personal Assistance Services.

There are several options available when paying for personal assistance services. In choosing an option, the individual and counselor shall consider issues such as the extent to which the payment option permits the individual to direct and manage the personal assistant. Issues of flexibility, the amount of record keeping required and liability shall also be considered. Payment options include individuals selecting and paying the personal assistant(s) directly; using his or her own funds, or funds from another source such as the Agency; or utilizing a third party organization which specializes in delivering personal assistance and related services.

Counselors shall not authorize directly to an individual who will perform personal assistance services for an individual as it will result in the Agency being liable for Worker's Compensation, taxes, etc.

The counselor and the individual with a disability should not assume that third-party organizations providing personal assistance services have Worker's Compensation Insurance coverage. The individual and the counselor should ask to see a copy of the certificate of coverage.

## Personal Assistance Services Services

- *Customers as Employers*

Individuals who pay a personal assistant directly are considered employers regardless of the source of the funds.

Counselors shall discuss the individual's obligations as an employer and, in collaboration with the individual, arrange for training or other assistance as needed. Counselors should not calculate the individual's tax liabilities or prepare tax forms related to the individual's use of personal assistance services. (See Policy and Procedures 9075 for information on use of Independent Contractors.)

- *Personal Assistance After Case Closure*

The agency may not provide personal assistance services after case closure. The individual and the counselor shall work collaboratively to identify sources of comparable benefits and plan for ongoing personal assistance services after case closure. Counselors may need to take an active role in helping individuals become eligible for personal assistance services through Medicaid, as applicable. Additional information about Personal Assistance Services can be obtained at: <http://www.copower.org/pasbook/pasb4.htm>.

### **Information:**

Personal Assistance Services are federally defined as “a range of services provided by one or more persons designed to assist individual with a disability to perform daily living activities on or off the job that the individual would typically perform without assistance if the individual did not have a disability. The services must be designed to increase the individual’s control in life and ability to perform every day activities on or off the job. The services must be necessary to the achievement of an employment outcome and may be provided only while the individual is receiving other vocational rehabilitation services. The services may include training in managing, supervising, and directing personal assistance services.”

Examples of PAS that may be needed to facilitate other IPE services are assistance with toileting, dressing, meal preparation, eating, housekeeping, shopping, or laundry, or at the job site to accomplish such tasks as transporting, toileting, eating, positioning, etc. Personal assistance services may also be used to help an individual accomplish cognitive and affective activities. Examples of cognitive applications include assistance with time management, scheduling, learning travel routes and creating job aids to remember certain tasks.

## Job Placement Services

Rev. 1/1996

### Policy:

Job placement services may be provided directly, arranged, or purchased. Counselors shall ensure that clients are job ready and prepared to participate in job seeking activities when obtaining employment is part of an IPE.

### Procedure:

Job seeking skills preparation includes teaching clients job-seeking techniques and preparing them to complete applications and interview successfully. Appropriate dress and behavior may need to be reviewed. Clients shall also be assisted in developing positive responses to questions about their work history, education, and ability to perform the job and needed accommodation(s).

In the context of the Americans with Disabilities Act (ADA) and the Michigan Disability Civil Rights Act (PA-220), the following steps shall be taken to prepare clients for job interviews:

- The client and counselor shall define mutual roles and responsibilities. If the counselor will intervene with the employer on behalf of the client, the information that will be disclosed to the employer, and the reason why shall be discussed with the client. If the counselor anticipates disclosing more than information regarding the client's ability to perform the job, the informed, written consent of the client shall be obtained. Generally, however, copies of medical, psychological or evaluation records are not given to employers, even with the client's permission, since under ADA these records cannot be used in applicant selection or included in the client's personnel file.
- When employment accommodations are anticipated, the client shall be provided an orientation to both laws either verbally, via videotape, or through written materials. A discussion of the client's responsibility to provide the employer with a written request stating the need for accommodation "within 182 days after the date the handicapper knew or reasonably should have known that an accommodation was needed" (P.A. 220, Section 210 (18)) shall be discussed. This notice may be filed at the time of application or hire.
- Clients shall be prepared to describe not only their skills and abilities, and how they could perform the job with or without needed accommodation. If clients will be interviewing independently, they should be able to describe the role the Agency counselor might play in planning and/or providing accommodation services.

Clients shall not be referred to jobs where they may present a direct threat to the health or safety of others. Some behavior or other functional limitations associated with the client's disability may be demonstrated by a loss of consciousness which cannot be anticipated (as a result of diabetes or some forms of epilepsy), abusive sexual behavior, or physically violent behavior.

## Job Placement Services

The ADA provides criteria for assessing "direct threat." The Regulations state, "an employer may require...that an individual not pose a direct threat to the health or safety of himself/herself or others." The Act defines "direct threat" in terms of a "high probability of substantial harm." In assessing direct threat, four factors must be evaluated: using objective and factual information regarding the duration of the risk; the nature and severity of the potential harm; the likelihood that the potential harm will occur, and the imminence of the potential harm. The Regulations stress the importance of not relying on stereotypes or assumptions in assessing a "direct threat."

The counselor and client shall consider whether accommodations will substantially reduce the threat, and, if so, the behaviors, reasons for disclosure, and accommodation options should be discussed with the client; and the client's informed, written consent to release information about the behaviors to the employer obtained.

For example, if the Agency counselor has information about a history of aggressive physical behavior, the counselor should inform the employer of this history -- with the client's informed, written consent. The counselor shall also ensure that the employer has access to information about situations that might trigger the behaviors/disability that could pose a direct threat, and information about how to cope with such behavior if it occurs.

Placement services may be purchased from accredited rehabilitation organizations, qualified individuals with knowledge and experience in providing placement services, or licensed personnel agencies. Before authorizing for placement services, there should be a written agreement with the vendor which specifies the:

- Name of the individual(s) being served;
- Type of job being sought;
- Method(s) of employer contact (e.g., by telephone, in person);
- Period of time during which the job search activities will be carried out;
- Method(s) of addressing accommodation and release of information issues;
- Frequency, duration, and method of employment follow-up;
- Fee to be paid;
- Payment schedule;
- Method, frequency, and content of progress reports to the counselor; and

## Job Placement Services

- The vendor's responsibilities to comply with Title I of the Americans With Disabilities Act (ADA) and the Michigan Disability Civil Rights Act (P.A. 220).

When placement services are purchased counselors shall inform vendors that under the Americans with Disabilities Act, they are prohibited from releasing information regarding the client's disability, limitations, or any disability related information to an employer.

Authorizations for placement services may be written on the basis of performance outcomes with multiple billings. For example, the vendor might be paid 25% of the fee when the service is initiated (the job seeking phase), 25% of the fee at the time the client is placed on the job (job placement phase), and the remaining 50% of the fee when the client has maintained the job for a specified number of days (a follow-up phase). If a single billing option is chosen, the vendor should be paid only after the client has maintained the job for the period specified in the agreement.

If placement services are arranged or purchased, the counselor and the client should determine that the resulting employment is suitable; accommodation needs are addressed; tools, equipment, transportation, and other services in support of placement are identified and the need(s) addressed; and employer issues, including disability awareness training, ADA concerns, and any certifications are addressed.

Under Public Act 299, private personnel agencies which charge a fee to the person seeking employment (Type A agencies that assist a client seeking employment services, and put a client in direct contact with employers, or Type B agencies that aid or consult with a client to make basic career decisions, including counseling services) must be licensed. Agencies which only charge fees to the employer or charge no fee, and temporary placement agencies, are not required to be licensed. To determine whether an agency's licensed, the Department of Consumer and Industry Services, Commercial Services Division may be contacted at (517) 241-9201. (private individuals must call 1-(900) 555-8374).

Increasing numbers of employers lease or contract for employees through employment agencies. Such employment shall be evaluated in terms of suitability and permanency. Employee leasing agreements generally provide for more permanent employment. Regular, intermittent employment through a temporary agency may meet the client's definition of suitability and may afford the opportunity for flexible scheduling. The determination as to whether such employment is suitable rests with the client.

Counselors shall ensure that clients with heart, back, epilepsy or diabetes have a current Vocationally Handicapped Worker's Certificate before initiating placement activities.

## Prostheses and Orthoses Services

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### Policy:

Prostheses and/or orthoses may be arranged for or purchased as part of a Trial Work Experience Plan or IPE leading to employment.

### Procedure:

A prescription by an orthopedic specialist or physiatrist shall be obtained for new wearers; the treating physician may prescribe prostheses or orthoses for previous wearers.

Comparable benefits such as Medicaid, Medicare or private insurance shall be thoroughly explored and (if available) used before authorizing for prostheses or orthoses.

Persons who have successfully worn a prosthesis or orthosis and require replacement or repair may not need a current orthopedic or physiatric examination, unless problems have been experienced or the condition is not stable.

A current evaluation by an internist or treating physician to determine that there have been no exacerbations of the physical condition is important for individuals with amputation resulting from diabetes.

New prosthetic wearers shall be referred to medical rehabilitation centers or amputee clinics when practical in order to benefit from the availability of the most recent technology and multi-disciplinary teams. If the client has a satisfactory relationship with a prosthetist, that relationship should be maintained whenever possible.

### Information:

New wearers may require several visits for adjustment of the appliance. There is generally no charge for routine adjustments during the first few months. If there are significant physical changes, which require major alterations, a charge may be made. Upper extremity amputees will require considerable training in the use of their prosthesis, which is usually provided by occupational therapists. Training in the use of a lower-extremity prosthesis is sometimes called gait training and is usually provided by physical therapists.

## Relocation Expenses Services

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### Policy:

The cost to permanently relocate clients may be authorized or arranged when required to achieve an IPE employment outcome.

### Procedure:

Prior to assisting an individual in relocation for employment, local options for employment must be reasonably exhausted. Relocation expenses are limited to the cost of moving and insuring household goods, and transportation and subsistence expenses required as part of the move.

Three estimates are required for out-of-state moves, since these are not regulated. Within city limits, small local moving companies are not regulated and rates may be competitive. Three estimates shall, therefore, be obtained for local moves.

In addition to the basic charge for moving, there are additional charges, which may be added for such items as stairs, long walkways, moving large items such as a piano, packing and packaging, disconnecting appliances, and removing draperies. These possible extra charges should be considered when planning the move. The time of the move should be carefully planned. Additional charges can be levied for moves during peak periods and on weekends. Some saving may be experienced by moving between the 3rd and 25th day of each month.

The Agency shall not support moves outside the continental United States.

### Information:

The transportation of household goods within Michigan is regulated by the Michigan Public Service Commission. The Commission publishes a tariff which contains the rates, charges, rules and regulations, which apply to all carriers.

Counselors shall be aware that various types of insurance coverage are available through the movers. The coverage ranges from full-value replacement (more costly) to depreciation only.

## Services to Family Members Services

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### **Policy:**

Services to family members may be arranged or authorized when essential to the achievement of an employment outcome of the client.

### **Procedure:**

Comparable community benefits and services must be explored and used, as applicable, before services to family members may be purchased.

### **Information:**

Family member includes any relative by blood or marriage. It also includes individuals living within the same household, where close interpersonal relationships between the individual(s) and the client characterize a family unit.



## Task Analysis Services

### **Policy:**

Task analysis services may be provided, purchased or arranged.

### **Procedure:**

Task analysis services shall be purchased from occupational or physical therapists, job coaches, rehabilitation engineers, or other rehabilitation professionals trained in the process.

When task analysis services are purchased or arranged, the counselor shall ensure that the individual completing the task analysis has been provided with information on the client's capabilities and limitations and any description of the activities or job to be analyzed.

The counselor, client, and vendor shall ensure that the task analysis and accommodation process has been described to the employer, teacher, or others who will be involved; and that any health or safety requirements imposed by the site (e.g., requirements of a union contract) have been identified.

### **Information:**

Task analysis is a systematic method of identifying and evaluating job or task requirements and comparing these to human capabilities. The process can be applied in home, training, and work settings. Cognitive and affective, as well as physical requirements can be evaluated. The task analysis process may vary in complexity from a gross assessment based on a written job description to a detailed time and motion study. A more detailed task analysis may be necessary if the client is severely disabled or the task is complex.

Counselor participation in an initial site visit is an important pre-requisite to being able to evaluate the completed task analysis, and coordinate and implement task analysis results. Medical records, specialty examinations and information contained on the Physical Capacities Assessment form may not be adequate for comparison with a completed task analysis. More specific information is often needed to determine whether the client has capacities congruent with task demands. A work capacity evaluation, using simulated or real work, may be necessary. The Agency's task analysis forms may be used to report the findings of the task analysis.

### **Forms:**

Forms related to this manual item are the RA-2435 A, B, and C - Task Analysis and the RA-4683 – Physical Capacities Assessment.

## Telephone Devices for the Deaf and Hard of Hearing Services

### **Policy:**

TTYs may be purchased or arranged when necessary to achieve an IPE employment outcome.

### **Procedure:**

The counselor shall plan carefully with the client to determine the features that will be needed before providing this service. Consider whether the TTY can be repaired locally, or must be shipped back to the company for repair. A device that can be repaired locally may be less expensive over time.

Clients who could benefit by the system shall be provided with information about the Michigan Relay Center at 1-(800) 649-3777. The Michigan Relay Center can also be reached by dialing 711 or through the Internet. Individuals who have TTY's can make or receive calls from parties who do not have TTY's by calling a relay operator at the center. Calls placed through the center, whether local, zone, or long distance, are billed as though the party had been dialed directly.

### **Information:**

A variety of options are available for people who are deaf or hard of hearing, including large print TTY's in-line amplifiers, amplified phones, and computer modems. For information on current telephone and TTY technology, the Job Accommodation Network may be contacted at 1-(800) 526-7234 (V/TTY). A listing of companies, products, and prices can be obtained from the Commission on Disability Concerns, Division of Deaf and Hard of Hearing at 1-(877) 499-6232 or (517) 334-8000.

**Policy:**

Training is provided only after vocational assessment results in a mutual decision that the client requires new skills or knowledge for employment, consistent with the individual's abilities and capabilities.

**Procedure:**

Agency contribution to training, including college training, shall not exceed the cost of that training program which meets the individual's rehabilitation needs at least cost to the Agency.

Prior to deciding whether training is required, the counselor and the client shall consider the following:

- The use of transferable skills to achieve suitable employment immediately;
- Job modification or assistive technology to enable the client to return to previous employment, or retain current employment; and
- Physical restoration to enable a return to previous employment.

Training is not considered a required service when the individual has marketable job skills consistent with the individual's abilities and capabilities.

Vocational training may be provided only to eligible individuals who have a permanent functional impairment that results in a substantial impediment to employment which cannot be removed through physical or mental restoration.

## Training – College and Vocational Services

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### Policy:

1. College or vocational training may be provided as an IPE related service when an eligible individual requires new knowledge and skills to achieve an employment goal consistent with the individual's abilities, capabilities, and informed choice.
2. Eligible individuals shall make maximum effort to secure grant assistance in whole and in part from other sources to pay for post-secondary training. Counselors shall inform individuals considering post-secondary education that they must make timely annual application for post-secondary financial aid.
3. The Agency shall not provide financial assistance for any item covered in the cost of attendance if the individual (or individual's family as applicable) fails to apply for or refuses to accept federal, state, institutional and other grants, need based scholarships, or tuition waivers for which they may be eligible.
4. Financial support for college or vocational training shall be consistent with the agency's policy of purchasing the service that meets the individual's vocational rehabilitation needs at least cost to the Agency.
5. The agency shall impose an economic needs test for the student's cost of attendance (COA) of training at a post-secondary educational institution. The economic needs test utilized shall be the federally established needs test using the Free Application for Federal Student Aid (FAFSA) or its equivalent, as required by the post-secondary institution, to determine student eligibility for state and federal financial aid.
6. The agency shall not replace the expected family contribution, as determined by the post-secondary institution, using the federal Student Aid Report, in contributing toward the individual's cost of attendance at a post-secondary institution.
7. Agency assistance with the cost of attendance, combined with other financial resources, shall not exceed the client's unmet financial need based on the cost of attending the least costly training institution that meets the student's vocational rehabilitation need.
8. Maximum financial support that may be provided by the Agency toward the cost of college or vocational training during the academic year shall be \$3000 and \$1000 for the summer semester. An exception to the maximum may be considered only when other forms of student aid are ruled out due to disability related factors but not to exceed the rate of program that is least costly to the Agency while meeting the individual's vocational rehabilitation need.

## Training – College and Vocational Services

9. Agency clients attending Michigan Career and Technical Institute are exempt from needs testing for the cost of attendance.

### Procedure:

1. **Accredited Institutions.** Agency financial support for college, vocational business or technical training shall be limited to participation in nationally or regionally accredited, or state licensed institutions. The counselor shall have reasonable assurance that a diploma, certificate or degree received from a training program is readily accepted by employers in the field of the individual's employment goal before approving an IPE that includes such post-secondary training.
2. **Ability to benefit.** The client's ability to benefit from post-secondary training in terms of an employment outcome shall be determined as part of the individual's vocational rehabilitation needs assessment. The agency shall not support attendance in a post-secondary program for which the client does not meet the published entrance requirements.
3. **Trial Semester.** The Agency may, at its discretion, provide financial support to an individual in one trial term or semester with at least one subject in the student's chosen major if there is doubt about the individual's ability to succeed in post-secondary training. Additional trial terms or semesters may not be supported with Agency funds. A semester or term of developmental or remedial study shall not count as a trial semester.
4. **Developmental Academic or Remedial Study.** The agency may provide financial support for one semester of non-credit developmental or remedial study. The agency may not pay for developmental or remedial study if available at no cost through post-secondary institutions or other public resources.
5. **Academic Progress.** Continued agency financial participation in post-secondary training services is contingent on the client's meeting evaluation criteria noted in the IPE. This includes a) maintaining a "C" Average, (2.0 on a 4.0 point scale) or higher as required by the school or specific program the individual is attending, or a comparable passing grade, and, b) the submission of the student's grade reports to the counselor upon completion of each semester or term.
6. **Full Time Enrollment.** The expectation is that students will attend training on a full time basis, as defined by the institution. Exceptions to full time study may be made based on documented medical or family care circumstances. Because most state and federal financial aid programs are based on a minimum of half time enrollment, the agency will generally not support training at a less than half-time enrollment status.

## Training – College and Vocational Services

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**Duration of Training Support.** Agency financial support for post-secondary training is usually limited to one year beyond the normal period for full time matriculation identified by the institution. An extension beyond that period may be granted by the counselor due to an individual's disability or special circumstances, and requires an IPE amendment. Agency financial support generally shall not exceed 64 credit hours for an Associate of Arts degree, or 128 credit hours for a bachelor's degree.

7. **Payment for Electives.** The counselor should be familiar with the student's curriculum or have a copy of curriculum requirements in the case record. The Agency shall not pay for electives beyond those needed to complete an individual's curriculum. When there is a question as to whether a class is required to complete a curriculum that is needed to achieve the IPE outcome, the counselor may require written verification from the post-secondary institution.
8. **Licensed Occupations.** The counselor shall discuss occupational licensing barriers, such as a criminal record, with the individual as part of IPE planning, and when possible assist the individual in overcoming such barriers. The counselor shall not support training in a field that requires licensing unless there is reasonable assurance that licensing can be secured.
9. **Graduate, professional, or second-degree training.** Such training may be authorized or arranged if the individual cannot achieve employment, consistent with the individual's abilities and capabilities, without such training, and transferable job skills are not available due to substantial limitations imposed by a disability for which reasonable accommodation is not possible.
10. **Summer School.** Summer school support is limited to circumstances in which the student is unable to work due to disability, has SSA disability status or requires a particular class that is only offered in the summer or is needed for timely program completion.
11. **Transferability of Classes.** Counselors of students who elect to attend community college during the freshman and sophomore year should pay special attention to the transferability of classes to four-year institutions to avoid needless duplication of classes.

## Training – College and Vocational Services

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12. **Exemption from financial needs test.** The income of individuals who are eligible for Social Security benefits under Title II and XVI of the Social Security Act shall be excluded (subtracted) from the family EFC for the months the student is in attendance at a post secondary institution. (Example: The EFC for an SSI recipient is \$5000. The recipient receives \$500 per month. The student will attend school from September to December [4 months] and February to May [4 months] for a total of 8 months. The SSI exclusion from the EFC is 8 months times \$500=\$4000. New EFC is \$5000 minus \$4000= \$1000). The college financial aid office must be notified on the RA-6627 to avoid an over-award due to a social security exclusion.
  13. **Orientation and Vestibule Programs.** A financial needs analysis is not required to cover the cost of short-term, summer orientation or vestibule programs which are required but, do not provide academic credit, and do not qualify for financial aid.
  14. **Student Loans.** Student loans may be encouraged as a part of the student's contribution to their own training. However, students may not be compelled to take student loans for the student's unmet need at the rate of the least costly post-secondary program up to the agency's maximum contribution, whichever is less.
  15. **Workers' Disability Compensation settlements.** The agency shall not replace insurance benefits received, in whole or in part, as a settlement of liability for vocational rehabilitation services, in contributing toward the cost of attendance at a post-secondary institution. This means that such targeted settlement dollars must be used before MRS dollars are used, unless it can be demonstrated that such settlement dollars are no longer available.
  16. **Late Applications.** The counselor may not authorize for any COA before the results of the application for financial aid are known. The counselor may approve an authorization for the first term to allow the client's enrollment if the case record documents that the client applied for aid no later than 60 days prior to the beginning date of the school term and if an IPE that includes college training has been completed. The counselor must subsequently adjust the total amount authorized for the academic year so it does not result in an over-award or exceed the maximum agency allowable contribution. Adjustments may be made to the current term authorization or authorizations for subsequent terms as appropriate.
  17. **Financial Support Basis.** The extent of the agency's financial support for training, whether in-state or out-of -state, public or private, shall be conditioned on the Agency's least-cost purchasing requirements, per Policy 9025 in combination with the college financial aid needs analysis. This means that if a training program is available that meets the individual's vocational rehabilitation needs at a lesser cost to the Agency than the program selected by the individual, Agency's support shall not exceed the less costly training program to the Agency, after application of the financial needs test.
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## Training – College and Vocational Services

In general, for the first two years of college through an associates degree or equivalent, the Agency's post-secondary financial support will be based on financial support needed for attendance at a Michigan community college near to the student's home. For the Junior year and beyond, support for additional training will be based on the cost of attendance at the nearest public college or university program in Michigan, after a consideration of the financial needs test to such cost of attendance.

Agency support of unmet financial need shall not exceed \$3000 per academic year and \$1000 for the summer semester, except as noted in the Procedure on Loan Replacement. This amount is to be divided equally among the number of terms or semesters comprising the academic year.

19. **Coordination of Financial Aid.** Financial aid available through the school, student/family contribution, and agency assistance shall be coordinated as follows:
- A. A Statement of Financial Needs, Resources and Authorization (RA-6627) shall be sent to the financial aid office of the schools the client will be considering, including the least costly alternative, when possible, to obtain reports of the student's EFC, the financial aid awarded, and any remaining financial need.
  - B. The expected student/family contribution (EFC) and financial grant aid must be used as the primary sources to meet the student's COA.
  - C. If financial aid and student/family contributions are inadequate to meet the client's COA at the least costly educational program that meets the individual's vocational rehabilitation need, and the client cannot attend school without additional assistance, the Agency may assist with the remaining unmet financial need up to \$3000, or up to \$1000 for the summer semester. This unmet need figure is the maximum of the agency's support, but not to exceed \$3000, and/or \$1000 for the summer semester, regardless of the educational institution selected. Counselors should consider special institutional financial aid awards provided by the student's preferred school, which may result in the lower unmet need for the student and make it the least costly training alternative to the agency.
  - D. The counselor may assist with all or part of the remaining unmet need up to \$3000 per academic year for college or university training, \$3000 per academic year for private vocational school training, and up to \$1000 for the summer semester or term, or up to \$333 per month for vocational schools which operate on a monthly basis. See Procedure 20 for exceptions to the maximum for disability related reasons.



## Training – College and Vocational Services

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- E. Assistance to clients who begin school after the first term or semester shall be pro-rated. Clients attending one-third, one-half, or two-thirds, of the academic year shall be provided a pro rated percent of the maximum academic year assistance. (Example: A student attends only one half of the academic year. The maximum agency contribution is.  $\frac{1}{2}$  of \$3000.00= \$1500, or  $\frac{1}{2}$  of unmet need, whichever is less.)
- F. Clients who meet the criteria for Agency support of summer programs (as defined by the educational institution) must apply for financial aid for the summer term 60 days in advance of the term. They may be provided up to \$1000 for full time attendance during the summer session if there is any unmet need, prorated at a proportional amount for part time attendance. (Example: if 10 credit hours constitutes a full time summer school load, and the student takes 4 credit hours, the maximum amount of agency support would be \$400 or less depending on unmet need).
20. **Substitution of student loan and work-study awards.** In addition to assistance with unmet financial need up to \$3000, agency funds may be substituted for the following financial aid awards if the case record documents that:
- A. College Work-Study:
- (1) the client cannot work while attending school full-time due to limitations imposed by his/her disability, or the time required for medical treatment;
  - (2) student jobs are not available as verified by an appropriate school official.
  - (3) the client is receiving SSI or SSDI benefits, and work would jeopardize benefits or would be counted toward the trial work period for SSDI recipients;
  - (4) Childcare responsibilities, or the need to travel long distances to school, leave the client inadequate time to attend school full-time and also work.

If the counselor intends to replace work-study for any of the reasons noted above, the counselor should check the appropriate box on Form RA-6627.

## Training – College and Vocational Services

- B. Loans: The client will have exceptionally high personal attendant or medical expenses due to disability after graduation which will make loan repayment difficult. Under these circumstances loan substitution may be made up to \$2500 per year or the up to the amount required to attend the least cost comparable program in the state, whichever is less. If the counselor intends to substitute for a loan for the above reason, the counselor should check the appropriate box in Part II of the RA-6627.

21. **Ineligibility for financial aid under the Higher Education Act.** The agency may not authorize for training support for individuals who are ineligible to receive or apply for post secondary federal financial aid. Reasons for ineligibility for federal financial aid include: a) the individual owes a grant refund and has no documentation of having made satisfactory arrangements for repayment; b) the individual is in default of a federal or state student loan, and has no documentation of having made good faith repayment arrangements from the lender or school, or of no longer being in default status; c) the individual is convicted of a state and federal offense involving possession or sale of illegal drugs, and has not re-established eligibility as required by federal financial aid regulations (34 CFR 668.40); d) The individual has not registered for the selective service system. Such individuals are considered to not have made a maximum effort to secure post-secondary federal or state grants or tuition waivers, and may not receive training funds from the Agency. Counselors should assist such individuals as appropriate to help them regain financial aid eligibility.
22. **Disability Related Expenses.** Personal disability-related services may be authorized or arranged without regard for financial need. Such services include personal assistance services needed for classroom attendance, individually prescribed equipment like hearing aids, non-routine medical expenses.

Personal disability-related services do not include classroom and learning accommodations and auxiliary aids and services that are the responsibility of the post-secondary institution.

23. **Notification of Agency Assistance.** Clients and the post-secondary institution shall be notified in writing of the type and amount of assistance the agency will provide for institutional budget expenses, or that the agency will not be assisting with such expenses and the reason. The RA-5, "Notice of MRS Postsecondary Training Assistance" may be used for this purpose.

## Training – College and Vocational Services

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24. **Out-of-State or Private Facilities.** Out-of -state or in state private training facilities may be used, but financial aid may not exceed that which would be required for the least cost public in-state facility, unless there is compelling evidence that the out of state facility is the only option that meets the individual's vocational rehabilitation need. If financial aid staff of out-of-state training facilities are not able or willing to complete Form RA-6627, they must be asked to prepare a letter stating:
1. The applicable academic-related costs (tuition, fees, books, room and board, etc.) for the client,
  2. Expected family contribution,
  3. Amount of Pell grant and other financial aid awards, and,
  4. Balance of financial need, if any.
25. **Training Outside of the United States.** Training at an institution outside of the United States will not be funded unless it is part of an approved course of study for an in-state institution. If the home educational institution requires out-of-country instruction as part of the individual's program, the Agency may support it at the same rate as if the program were provided at the student's home educational institution.
26. **Gallaudet University and NTID.** Agency support may be provided to these out of state facilities if required to meet the unique VR needs of certain deaf or hard of hearing students. To determine agency assistance for clients attending the two national schools for the deaf, Gallaudet College and National Technical Institute for the Deaf (NTID):
1. The counselor must complete Section A of Form RA-5523 or RA-5524 or a comparable form, obtain the client's signature in Part B, and send the form to the school's Financial Aid Office.
- The Financial Aid Office may respond with a standardized form, entitled The Financial Information Exchange Form (FIEF) instead of Form RA-6627, to report the client's institutional budget, expected family/student contribution, financial aid awarded, and any unmet need. (See the INFORMATION section for a description of the transportation component of the student budget at these schools.)
2. The counselor must complete Part C of the FIEF to indicate the amount of the client's unmet need the agency will fund and return the form to the school financial aid officer.
  3. The counselor must advise the client not to apply for student loans until after it has been determined whether s/he qualifies for additional grant-in-aid funds from the school.
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## Training – College and Vocational Services

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The transportation figure in NTID and Gallaudet's institutional budgets includes standard amounts for two round-trips per academic year for out-of-state students. NTID includes an additional amount for an extra round trip for new, out-of-state students. These amounts may be negotiated on a need basis with students.

### 27. **Processing Payment.**

1. Payment may be made for courses dropped by a client for a good cause. The school should be paid in accordance with its published policy.
  - a. The case record shall document the action to be taken by the client to make up the dropped course. If the client fails to follow through with the agreed upon action, the counselor may, if providing tuition assistance:
    - 1) reduce financial participation for the following term in the amount of the non-refundable balance for the dropped class(es), or
    - 2) refuse to pay for the dropped class if the client takes it again at a later date.

28. **Refunds.** When Agency funds are not needed by an educational institution due to subsequent replacement by college grants, need based scholarships, or dropped classes, the Counselor shall notify the institution that these funds are to be returned to the Agency, not to the customer or to offset the student's loan balance. If Agency funds are reimbursed to the client or credited to a loan balance, an equal amount will be counted against the student's financial support from the Agency for the following semester.

## Training – College and Vocational Services

Rev. 6/2005

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### Information:

#### I. Definitions

- A. The Cost of Attendance: The total amount it will cost a student to go to school in a year. This may include tuition and fees; on campus room and board, required books, supplies, materials, tools and equipment; transportation; loan fees and some miscellaneous expenses. Four-year schools will generally include all items in student budgets; two-year and vocational schools may not. Most schools also have different budgets for differing client situations. Budgets are revised yearly. The amount of the student budget and the items covered are reported by financial aid officers on Form RA-6627.

Note: the Agency may only assist with costs to the student that represent added costs of the vocational rehabilitation program. When student budgets include costs that are not “added costs of training,” such as housing for students who commute, the counselor should subtract that amount from the institution’s COA. Items included in institutional budgets are sometimes described as "direct educational costs." Items that are not included in the institutional budget may be authorized or arranged according to the policies and procedures stated in appropriate Rehabilitation Services Manual Items.

- B. Independent Students are those students who:
1. are at least 24 years old by January 1 of the award year,
  2. are Veterans, regardless of age,
  3. are orphans or wards of the court,
  4. have legal dependents that receive more than half of their support from the student,
  5. are married, or
  6. are enrolled in a master’s or doctoral program.

Students may also be considered self-supporting if they are determined to be so by financial aid administrators exercising professional judgment on the basis of unusual circumstances not covered by any of the statutory criteria.

- C. Expected Family Contribution (EFC) is the portion families will be expected to contribute toward the expenses of a student if the financial need analysis indicates that they are able. The amount of the family contribution expected will be based on current income and assets according to congressional methodology. Dependent students may also be expected to contribute based on their income and assets, including expected savings from summer earnings.

## Training – College and Vocational Services

For the independent student, the amount of contribution expected is based on the student's (and spouse, if any) taxed and untaxed income and assets, including expected savings from summer earnings.

- D. Student Financial Need is the figure that represents the difference between the COA and the expected student/parent contribution. School financial aid is packaged against this figure.
- E. Remaining Unmet Need is the figure that represents the difference between the student's financial need and all resources provided by the school.
- F. Academic Year, as defined by the U.S. Department of Education, is: the equivalent of 2 semesters, 2 trimesters, or 3 quarters (terms) at an institution which uses credit hours; 900 clock hours at an institution which uses clock hours; or 18 months for a correspondence program.
- G. “Meets the individual’s vocational rehabilitation need” means, in terms of a post-secondary training program or institution, that the program has a curriculum that leads to, or is consistent with the student’s employment goal, and is accessible to the student under Sec.504 of the Rehabilitation Act and the Americans with Disabilities Act.
- H. “Disability related factors” (as relates to receipt of financial aid above Agency maximums) means that the individual will have exceptionally high personal attendant or medical expenses due to disability after graduation which will make loan repayment difficult, or that work study and other work to support college expenses is precluded due to disability or social security disability status.

## II. Post-Secondary Financial Aid and Public Assistance

- A. Educational Income-All FIA Programs.\* Educational income such as grants, loans, work-study, scholarships, assistantships and fellowships for education is excluded as income and as an asset by FIA. (NOTE: TANF recipients are required to be employed to remain eligible for their TANF benefit. Only 12 months of training is available at this time as a qualifying work activity.)
- B. Rehabilitation Services Payments-All Programs.\* Payments from Michigan Rehabilitation Services are excluded. They are reimbursements.

## Training – College and Vocational Services

- C. SSDI and SSI Benefits. Grants, regardless of the amount, have no effect on SSDI. Grant funds, which exceed tuition, fees and books, are considered unearned income for SSI recipients, and so SSI benefits are reduced by that amount. Loans do not affect SSDI or SSI benefits. College work-study awards are considered employment, and so may affect both SSDI and SSI benefits. To determine how college work-study is treated in each situation, the student should contact the local Social Security Office.
- D. Plan to Achieve Self-Support (Pass). FAP Only (Food Assistance): Income being diverted to a PASS is excluded as income and as an asset.

All other Programs

PASS set aside is considered earnings or unearned income.

\* All Programs includes: Family Independence Program (FIP); State Disability Assistance (SDA); Child Development and Care (CDC); Medicaid (MA) which, if policy differs, is divided into: FIP-related MA; SSI-related MA; State Medical Program (SMP); TMA-Plus (TMAP); Food Assistance Program (FAP).

### III. Financial Aid Process

#### Federal Student Aid

Federal student aid is financial help for students enrolled in eligible programs at participating schools to cover school expenses, including tuition and fees, room and board, books and supplies, and transportation. A “school” could be a two-year or four-year public or private educational institution, a career school, or a trade school. Most federal aid is need-based. The three most common types of aid are grants, loans, and work-study.

Grants: Grants are financial aid that does not have to be repaid. Generally, grants are for undergraduate students, and the grant amount is based on need, cost of attendance, and enrollment status. Federal Pell Grants range from approximately \$400 to \$4,000. Federal Supplemental Educational Opportunity Grants (FSEOG) range from \$100 to \$4,000.

Loans: Loans are borrowed money that must be repaid with interest. Both undergraduate and graduate students may borrow money. Parents may also borrow to pay education expenses for dependent undergraduate students. Maximum loan amounts depend on the student’s year in school.

Federal Stafford Loans are made to students, and Federal PLUS Loans are made to parents through two loan programs.

## Training – College and Vocational Services

William D. Ford Federal Direct Loan (Direct Loan) Program: eligible students and parents borrow directly from the federal government at participating schools. Direct Loans include Direct Stafford Loans, Direct PLUS Loans, and Direct Consolidation Loans. Federal Family Education Loan (FFEL) Program: private lenders provide federally guaranteed funds. FFELs include FFEL Stafford Loans, FFEL PLUS Loans, and FFEL Consolidation Loans.

Federal Perkins Loans are offered by participating schools to provide low-interest loans to students that demonstrate the most need.

Work Study: Work Study enables students to earn money for education expenses while enrolled in school.

Not all schools participate in all of the Federal Student Aid (FSA) programs. Students should ask the school's financial aid administrator which programs are available.

### **Who gets federal student aid?**

Some of the requirements to receive aid from the U.S. Department of Education's FSA programs are that students must:

- Be a U.S. citizen or eligible non-citizen with a valid Social Security Number;
- Have a high school diploma or a General Education Development (GED) certificate, pass an approved ability-to-benefit (ATB) test, or be a home-schooled student who meets certain criteria;
- Enroll in an eligible program as a regular student seeking a degree or certificate; and
- Register (or have registered) with the Selective Service if required.

### **How do students apply for federal student aid?**

The first step is to complete the Free Application for Federal Student Aid (FAFSA). The FAFSA lists deadlines for federal and state aid. Schools and states may have different deadlines for aid. Students may apply online at <http://www.fafsa.ed.gov>. If Internet access is not available, students can get a paper FAFSA from a high school guidance office, a college financial aid office, a local public library, or the Federal Student Aid Information Center at 1-800-4-FED-AID (1-800-433- 3243). Review the Student Aid Report (SAR). One to four weeks after students submit their FAFSA, they will be sent a SAR, either by an e-mailed link or on paper. The SAR confirms the information reported on the FAFSA and will tell the student their Expected Family Contribution (EFC). The financial aid administrator will use the EFC to determine the amount of federal student aid for which the student may qualify.



## Training – College and Vocational Services

The student should contact the school(s) he/she might attend and talk with the financial aid administrator(s). They will review the SAR and prepare a letter outlining the amount of aid (from all sources) that their school will offer.

The U.S. Department of Education web site at [www.studentaid.ed.gov](http://www.studentaid.ed.gov) contains additional detailed information on Federal Financial Aid.

### State of Michigan Student Aid

Scholarships: A scholarship is money for college and it does not have to be paid back. Scholarships are usually based on "merit", meaning they are given because of a student's particular skill or ability. For some of the state programs, financial need is also a factor in determining award eligibility. The Michigan Competitive Scholarship is based on both financial need and merit and is available for use at Michigan public and private post-secondary colleges.

Work Study: Work-study programs give students a source of money for college; however, the student has to work to earn the money. Most often work-study jobs allow students to work on their college or university campus. The Michigan Work-Study Undergraduate and Graduate Programs provide work opportunities to help needy students pay educational expenses.

Loans: Money can be borrowed to pay for college expenses and there are low-interest loans available for students and parents. Funds borrowed must be paid back. The MI-LOAN Program assists with the financing of a post-secondary education. Two loan programs include the Creditworthy Loan Program and the Credit Ready Loan Program.

Grants: Grants do not have to be repaid and are referred to as "gift" aid. Generally, grants are given to students based on their financial situation and need for the funds. The Michigan Educational Opportunity Grant is available for needy undergraduate students who enroll on at least a half-time basis at a Michigan public community college or university. The Michigan Tuition Grant is based on financial need for use at independent, non-profit degree-granting colleges and universities in Michigan. Awards are restricted to tuition and fees. Application for the Michigan Tuition Grant is made by filing the Free Application for Federal Student Aid (FAFSA).

**Rewards and Incentives:** Sometimes students can receive money for college by staying in school, getting good grades, or for good performance on certain types of tests. These programs reward students for good performance or staying in school. These include the Michigan Merit Award and the Tuition Incentive Program. The Michigan Merit Award is a merit-based program to reward student achievement as measured by the Michigan Educational Assessment Program (MEAP) tests. The Tuition Incentive Program is a high school completion program that offers to pay for the first two years of college and beyond for identified students who graduate from high school or complete their GED before age 20.

Additional information regarding State of Michigan student aid may be found at the following web site: <http://www.michigan.gov/mistudentaid>.

#### **IV. MISCELLANEOUS**

- A. All schools in Michigan must be licensed to operate. Licensure of schools may be determined by contacting MDLEG Post-Secondary Education at (517) 373-6774. To determine the licensure of out-of-state schools, counselors should contact the central administrative office of the state vocational rehabilitation agency of that state.
- B. High school students should consult their high school for assistance in completing financial aid applications.
- C. Form RA-4640, Monthly Training Progress Report, may be used to obtain progress reports from vocational schools that do not provide transcripts. (See Item 5616.)
- D. Transportation allowances computed by financial aid offices are based on "averages." Financial aid offices should be contacted if actual costs exceed the estimates so adjustments may be made.

#### **Forms and Job Aids:**

The forms related to this manual item are: RA-4550 – Postsecondary Disability Services Referral, RA-4640 – Monthly Training Progress Report, RA-5 – Notice of Postsecondary Training Assistance, and RA-6627 – Statement of Financial Needs, Resources and Authorization (Rev 5/2007)

The Job Aid section of the manual contains the following job aids related to this manual item: 6625a-JA - College Training Policy, and 6625b-JA - Instructions for Completing Statement of Financial Needs, Resources and Authorization (RA-6627), Part B (Rev 5/2007)

**Training – Correspondence  
Services****Policy:**

Correspondence training may be arranged or authorized when required to achieve employment under an IPE.

**Procedure:**

MRS may only purchase training services from correspondence schools that are licensed in Michigan. Correspondence schools must be licensed by the State of Michigan if they solicit students in Michigan.

Authorization for correspondence training shall be written for the number of lessons the client is expected to complete in the current fiscal year in addition to a registration fee not to exceed 25% of the total program cost. Payment shall be approved after completion of lessons, and receipt of a progress report.

**Training – Driver Education  
Services****Policy:**

Driver's training may be authorized or arranged when required to achieve employment outcome under an IPE.

**Procedure:**

Clients who require special equipment to operate a vehicle shall be referred to a medical rehabilitation center for driver evaluation and training; for example, University of Michigan Hospital, Rehabilitation Institute of Michigan, and Mary Free Bed in Grand Rapids.

## Training – On-The-Job Services

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### Policy:

On-the-job training may be purchased or arranged to achieve an IPE employment outcome.

### Procedure:

The counselor, client and employer shall agree on the specific operations or skills that will be learned and complete an RA-89, On-The-Job Training form, or a similar form to specify the skills to be learned and the employer's legal responsibilities in providing the training. Employers must provide Workers Compensation, Unemployment Insurance, Social Security and at least minimum wage except that Unemployment Insurance is not required for state and federal employees, state institutions of higher education, and religious or charitable organizations. Private non-profit organizations may elect not to take part in Social Security.

The training fee is usually based on a negotiated percentage of the entry wage. It may be calculated on a decreasing scale over the term of training based on the client's increasing productivity. When the client's skills reach a standard entry-level skill, the training is concluded.

On-the-job training may be supplemented by use of a job coach.

The counselor shall advise SSDI recipients that on-the-job training income is counted toward their 9-month trial work period.

### Information:

On-the-job training allows the client to learn an occupation or skill under actual employment conditions while earning a wage. The counselor may utilize a third-party vendor to be the employer of record. The employer of record assumes the legal responsibilities for employment, usually for an additional administrative fee.

The Agency reimbursement to an employer or employer of record constitutes a training fee for training services. The Agency is prohibited from providing wage or salary in an OJT or OJE arrangement, or to promise to do so.

### Forms:

Refer to Policy and Procedure 3275 – Vocational Needs Assessment for form RA-89 – On-The-Job Evaluation or Training Agreement.

## Training – Tutorial Services

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### Policy:

Tutorial training may be provided under special circumstances for academic remediation or to develop technical or occupational skills needed to achieve an IPE employment goal.

### Procedure:

When tutorial training is needed at the secondary or post-secondary level, the client shall be referred to the secondary or post-secondary training institution for such tutoring.

The Agency shall not provide tutoring that is the responsibility of an educational institution under free appropriate public education (FAPE) or of a post-secondary institution under existing legislation and funding.

If the individual requires specialized training not available through the training institution, the Agency may authorize academic tutoring provided the tutoring is not associated with the training facility.

### Information:

Technical or occupational skill tutors should demonstrate proficiency in the area in which they tutor, and may be required to be licensed or certified as applicable.

Qualified academic tutors will usually have a bachelor's degree, with a major or minor in the area in which they tutor.

### Forms:

Forms related to this manual item are the RA-4651 Application to Tutor and RA-4652 – Tutorial Time and Progress Report.

## Training – Work Adjustment Services

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### **Policy:**

Work adjustment training may be provided as part of Trial Work Experience or as an IPE service.

### **Information:**

Work adjustment training may be needed to assist individuals in acquiring personal habits, attitudes, and skills to function effectively on a job, develop or increase work tolerance prior to engaging in vocational training or employment, develop work habits and orient the client to the world of work, provide skills or techniques to compensate for losses due to disability, or assist in acquiring job-seeking skills and locating employment.

Work adjustment training may be provided by CARF accredited community rehabilitation organizations, job coaches, and employers. When using employers to provide work adjustments services, the service is considered to be on-the-job training or work experience training.

## Transportation Services, Miscellaneous Services

### Policy:

Transportation services may be authorized or arranged only in support of a vocational rehabilitation service required as part of an IPE or for assessment.

### Procedure:

Transportation services may include, for example, bus fare, driver's license fees, vehicle license plates, mileage allowances, and taxi service in support of another service.

Public transportation shall be used when it is available and meets a client's rehabilitation needs. A multi-ride pass or single-ride tickets or tokens can be provided. Disbursement of tickets or tokens should be recorded on the district office bus ticket log in order to provide a record for state accounting purposes.

The following guidance may be used in determining amounts to be authorized for transportation:

- Clients driving their own vehicle should be reimbursed for their actual costs, but no more than 75 percent of the rate for state employees driving their own vehicle in lieu of an available state car.
- Attendants and escorts driving their own vehicle should not be reimbursed in excess of the rate state employees received for driving their own vehicle in lieu of an available state car.
- Reimbursement should be based on the number of miles to be traveled per trip and the number of trips to be covered.

### Information:

Parking permits and special license plates are available to persons with disabilities through Secretary of State offices. There is no charge for the parking permit, and special plates cost the same as regular license plates. A physician must certify the client's handicap before permits or licenses will be issued unless the individual is visibly disabled.

The following are examples from the Federal Regulations of expenses that would meet the definition of transportation in support of another service.

- Travel and related expenses for a personal care attendant or aide if the services of that person are necessary enable the applicant or client to travel to participate in any vocational rehabilitation service.



## **Transportation Services, Miscellaneous Services**

- Short-term travel-related expenses, such as food and shelter, incurred by an applicant participating in evaluation or assessment services that necessitate travel.
- Relocation expenses incurred by a client in connection with a job placement that is a significant distance from the client's current residence.

## Vehicle Insurance Services

### **Policy:**

Vehicle insurance may be provided as part of a transportation service under an IPE.

### **Procedure:**

The period of insurance coverage purchased shall not exceed the duration of the IPE service that transportation services are in support of.

In general, \$500.00 deductibles are used when the Agency purchases coverage.

The counselor shall consider the proportion of vehicle insurance that is required to support the individual's IPE in considering the extent of the Agency's contribution to the purchase of insurance.

To comply with state accounting requirements, three comparative rates for new policies or policy renewals shall be obtained. Use of the Vehicle Insurance Worksheet, RA-4659 is encouraged to assure comparable quotations. This is not required if the current policy was purchased on the basis of comparative rates in the past six months. A receipt or copy of the Certificate of Insurance shall be obtained for the case record.

### **Information:**

The Uniform Trade Practices Act of 1976 prohibits an insurance company from refusing coverage or charging a higher rate to handicapped persons unless it can show a relationship between the handicap and risk of loss. Clients may contact the Department of Consumer & Industry Services, Consumer Services Division, Michigan Office of Financial and Insurance Services, P.O. Box 30220, Lansing, Michigan 48909, phone toll free 1-(877) 999-6442 for further information or assistance.

### **Forms:**

The form related to this manual item is the RA-4659 – Request for Vehicle Insurance Quotation.

## Vehicle Modification Services

### **Policy:**

Vehicle modification may be arranged or purchased to meet an IPE employment outcome.

### **Procedure:**

Following the procedures outlined below when modifying vehicles will ensure that state, federal and professional standards have been met.

At the time vehicle modifications are initially considered, the client and counselor shall review the Fit Factors Job Aid. The Job Aid describes issues which shall be considered when purchasing and modifying a vehicle, including the length of time needed for modifications, the interface between the vehicle and the client's mobility device or other specialized equipment, warranties, parking, security, insurance, and the cost of maintenance and operation.

If possible, clients considering van modifications should contact other individuals who drive modified vans to discuss the problems and realities of modifying and maintaining such a vehicle.

On-going communication among all involved parties (client, counselor, evaluator, and vendor) is a key element in successful vehicle modification. In many instances, a pre-quotation conference involving the counselor, client, vendor, and evaluator is indicated. Such a conference (by telephone or in person), occurring before the authorization is written, resolves questions about the prescription and specific equipment to be used.

Clients must have a valid driver's license, if they will be the driver. A copy shall be retained for the case record. Clients who are unable to take the road test until all modifications are completed need a temporary instruction or temporary operator's permit and a plan, developed with the driver evaluator, to obtain a driver's license. A copy of the temporary license, and the final driver's license shall be retained in the case record.

### ***Evaluation and Training***

A driver evaluation and prescription, completed by a qualified driver evaluator, shall be obtained except when purchasing or arranging the transfer of existing equipment or the provision of replacement equipment which involves comparable equipment, a comparable vehicle, and no changes in the client's functional capacities. The counselor shall be certain that the evaluator is qualified at the van level, if van modifications are planned.

Individuals are considered to be qualified driver evaluators in the area of adaptive vans if they:

- Hold a Certificate of Recognition in Automobile Modification from the Association of Driver Education for the Disabled (ADED), or

## Vehicle Modification Services

- Are a registered occupational therapist, or
- Hold a secondary teaching degree with Driver Education Certification; and
- Have access to consultation with a registered occupational therapist.

All individuals and organizations which provide driver evaluation and training are required to be licensed by the State of Michigan, Bureau of Regulatory Service, Driver Training and Testing Division (517) 241-6829. In addition, the Department of Education has established requirements for teenage (under age 18) driver programs and instructors (517) 373-0763.

If the driver evaluator is not a registered Occupational Therapist, a functional capacities evaluation for the client may be indicated. Similarly, such an evaluation may be indicated in determining whether there has been a change in functional capacities.

The individual's purchase of a vehicle should be deferred until after driver evaluation and initial training; the client's need for modifications will, to some extent, dictate the type of vehicle that will be purchased.

Arrangements shall be made for the client to complete both a driver evaluation and driver training before a prescription is written if the client is a new driver, will be driving a vehicle with unfamiliar modifications, or has not driven recently. The driver evaluator may determine that the training can be waived.

If additional driver training is needed after the modifications are prescribed, the training shall be arranged with an individual licensed to provide driver training and able to provide the training in the clients' modified van. Consultation with the driver evaluator will be required to make this determination.

Additional training, after modification of the vehicle, may be necessary if there is a delay between the initial training and completion of the modifications.

If the client will be a passenger, the counselor shall ensure that the person driving the client is a licensed driver and trained in the use of equipment used to modify the van.

### ***Purchasing Modifications***

A used vehicle with a warranty and/or used equipment may provide the client with a savings in the initial purchase cost and insurance costs. However, these savings shall be weighed against the longer-term costs of maintenance and replacement.

## Vehicle Modification Services

If the client receives SSDI or SSI, the cost of purchasing and modifying a vehicle may be approved in a Plan To Achieve Self-Support (PASS) or as an Impairment Related Work Expense. The client and counselor should consult with the local Social Security office. If equipment is purchased without a prescription, state accounting rules require multiple bids.

The vehicle title shall be in the client's name. Including the make, year, and vehicle identification number on the authorization will ensure that the correct vehicle is obtained.

The prescription shall be reviewed with the client as well as the anticipated time frame for the modifications and the client's financial obligations, responsibilities, and commitment to participate in the conformance check.

In consultation with the driver evaluator, the counselor may determine that an engineering evaluation of the vehicle modification is indicated to ensure that any systems added or structural changes made were done in a manner which is safe. The engineering evaluation can be completed concurrently with the conformance check.

The counselor shall purchase vehicle modification services only from vendors who have agreed to conform to the National Mobility Equipment Dealer's Association (NMEDA) guidelines. Additional information can be obtained at the NMEDA website at: <http://www.nmeda.org/> For equipment that has been tested by the Veteran's Administration (VA), only the VA approved equipment should be used.

Reviewing the vendor's final bid or price quotation with the evaluator will help ensure consistency with the prescription.

If clients have unresolved complaints about service from a Michigan vendor after the authorization has been paid, they shall be directed to contact the Bureau of Automotive Regulation at 1-(800)-292-4204.

A conformance check shall be purchased or arranged for all van modifications before delivery to the client. This is best planned for at the time the authorization for the modifications is written, with the following message added to the authorization: "Payment is subject to successful completion of a conformance check. "In scheduling the conformance check, priority should be given to scheduling a time when the client can be present. A written report or statement from the vendor regarding the conformance check should be obtained. Payment for modifications shall not be processed until the conformance check and any corrections have been completed. It may be necessary to authorize to the vendor to drive the van to the evaluator or pay the evaluator to travel to the vendor, as necessary.

## Vehicle Modification Services

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### Information:

In Michigan, Mary Free Bed Hospital, Rehabilitation Institute of Detroit, Disabled Driver's Services (University of Michigan Hospital), A & A Driving School (Providence Hospital), and CDE Incorporated (Bay Medical Center) meet these criteria. Munson Hospital in Traverse City contracts with the Disabled Driver's. Services for van evaluation, prescription, and training services.

The following offer rebate programs when an individual requires adaptive equipment to use a new vehicle.

- The Chrysler Corporation 1-(800) 255-9877 or visit the website at <http://www.automobility.chrysler.com>,
- Ford Motor Company 1-(800) 952-2248 or 1-(800) 833-0312 for people with hearing disabilities, General Motors Corporation 1-(800) 323-9935, TTY 1-(800) 833-9935, or visit the website at [http://www.generalmotors.com/automotive/parts\\_for\\_consumers/services\\_support/mobility.htm](http://www.generalmotors.com/automotive/parts_for_consumers/services_support/mobility.htm) and
- Volkswagen of America 1-(800) DRIVE-VW or visit the website at <http://www.vw.com/access/index.htm?car=jetta>

Currently, the Veteran's Administration (VA) tests in the following categories: hand controls, van lifts, low effort steering systems, and special driving systems.

### Casework Notes:

For additional information, refer to Casework Note 4 in the Casework Notes Section of this manual.

### Job Aid:

For additional information, refer to Fit Factors: Vehicle Modification/Purchase Job Aid (6825a-JA) in the Job Aid Section of this manual.

## Vehicle Purchase Services

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### Policy:

Assistance with the purchase of a vehicle may be authorized or arranged in support of another IPE service.

### Procedure:

The record shall document that there is no other viable means of transportation available that meets the individual's rehabilitation need.

Assistance with the down payment may be adequate if the client will have the funds to make subsequent payments. A used vehicle in good condition is a less costly purchase than a new vehicle and will generally meet a client's rehabilitation needs.

Used vehicles are required to have a 90-day dealer warranty or pass an evaluation by a registered garage. The evaluation shall not be done by the dealer from whom the vehicle is purchased. The Vehicle Inspection Report Form RA-4657 can be used to obtain the evaluation. Clients shall trade in their old vehicle or use the proceeds from its sale if it is marketable toward the purchase of another vehicle or other service needs in their IPE. A van shall be purchased only if it is the least costly vehicle which will meet the client's functional rehabilitation and transportation needs.

The vehicle title shall be in the client's name. A copy of the vehicle registration or vehicle title shall be retained in the case record.

If the client will be the driver, there shall be assurance the client has a valid driver's license before purchase of a vehicle. If a client is unable to drive, a vehicle may be purchased if there is assurance of a driver with a valid license available to transport the client. A copy of the client's driver's license or other individual who will be the driver for the client shall be retained in the case record.

To comply with state accounting requirements, three bids must be obtained when purchasing new vehicles. This requirement is waived when the Agency contribution is a flat down payment amount. When purchasing a used vehicle, the counselor shall ensure that the price is reasonable. Generally, the purchase price of a used vehicle shall not exceed by more than \$100 the "average retail price" listed in the current month's National Automobile Dealers Association's Used Car Guide ("Blue Book").

Clients are responsible for routine maintenance of vehicles after Agency purchase and shall be advised of their responsibility. If the Agency authorizes for the full purchase price of a vehicle, there must be case record documentation of the arrangements for ensuring that the vehicle is adequately protected by insurance to protect the Agency's investment.

## **Vehicle Purchase Services**

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The client and counselor shall discuss the probable impact on benefits the client is receiving from another agency or program prior to vehicle purchase to minimize the impact of the vehicle purchase. For example, for public assistance recipients, if the equity value of the vehicle exceeds Family Independence Agency limits, the client (and the family unit) will be ineligible for benefits. The equity value is the sale price of the vehicle less the amount owed on the vehicle.

### **Forms:**

The form related to this manual item is the RA-4657 – Vehicle Inspection Report.



## Vehicle Repair Services

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### Policy:

Repairs may be authorized for a vehicle owned by the client, a vehicle owned by a family member if the client will be driving it to support a rehabilitation service or a vehicle owned by a family member who will be responsible for transporting the client in carrying out an IPE service and this is the only means of transportation available.

### Procedure:

A written repair estimate shall be obtained from a repair center registered with the Bureau of Automotive Regulation. A second estimate shall be obtained when estimated repairs are \$500.00 or more. A second estimate is not required if the vehicle is inoperable.

The counselor shall determine that the vehicle's condition or value justifies the cost of repairs before they are authorized. The information used to make the determination may include the following -- a statement from the mechanic or repair center which provided the estimate(s), or a vehicle inspection from a licensed mechanic or repair center or evidence that the repair costs do not exceed the average retail value of the vehicle.

Repairs shall be authorized only from licensed mechanics or repair facilities registered with the Bureau of Automotive Regulation.

In determining if, or the extent to which, recommended repairs shall be approved to ensure the safety and reliability of the vehicle, consider:

- The cost of current and anticipated repairs,
- The age, condition, and value of the vehicle,
- Other available means of transportation, and
- The length of time it will take the client to complete the IPE objective(s) for which the vehicle is required

Prior to authorizing vehicle repairs, the counselor shall verify that the client has a current driver's license and the vehicle has valid license plates and adequate insurance coverage. It may be necessary to assist the client with these costs.

Proof of vehicle ownership shall be requested if ownership of the vehicle to be repaired is questionable.

## Vehicle Repair Services

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### Information:

Vehicles in excellent or good condition may warrant repair even if their market value is low. The older the vehicle, however, the more caution is indicated before approving repairs. When IPE activities will be of long duration, it may be more economical to replace rather than repeatedly repair an older or poorly maintained vehicle. The counselor may wish to observe the general condition of a vehicle or obtain an additional estimate before authorizing repairs if in doubt about the vehicle's worthiness for repair.

Vehicle inspections are recommended for older vehicles, when repairs are expected to be costly, or when the vehicle's general condition is questionable. In these instances a complete vehicle inspection may be appropriate. Vehicles in generally good condition or in need of only minor repair may benefit from a partial inspection to assess the immediate problem and safety related items such as brakes, steering, and the exhaust system. The National Automobile Dealers Association Used Car Guide or an equivalent publication can be used to estimate the market value of used vehicles. Financial institutions, used car dealers, and classified newspaper advertisements can be used to estimate the value of vehicles not listed in used car guides.

### Forms:

The form related to this manual item is the RA-4657 - Vehicle Inspection Report.

## Wheelchair/Powered Mobility Devices Services

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### Policy:

Wheelchairs and powered mobility devices may be purchased or arranged as part of a trial work experience plan or IPE.

### Procedure:

Comparable benefits such as Medicaid or Medicare shall be explored and used if available.

Wheelchairs and powered mobility devices are high technology, high-cost items and shall be prescribed only after an analysis of the client's home and work sites, and transportation needs. This sequence helps ensure prescription of a device that will be functional in all these settings.

For new users of wheelchairs or powered mobility devices, or for changes in equipment for current users, a prescription shall be obtained from the treating physician, an orthopedic specialist, or a physiatrist. If the physician does not specify the seat height, width, length, and angle; footrest height; and -- for wheelchairs only -- the hand rim diameter; these measurements shall be obtained in writing from a physical or occupational therapist, orthotist, or rehabilitation engineer. The client's needs, activities and preferences shall be reported to the prescriber to ensure an appropriate prescription.

An independent evaluation may be needed to determine which device will best match the prescription and fit the client's needs. Such an evaluation cannot be considered *independent* if it is provided by the source that sells the prescribed equipment.

A re-check of equipment shall be arranged for new users by the professional or clinic who developed the prescription, to assure conformity to the prescription prior to approving the vendor's billing for the equipment.

### Information:

Advances in technology are most notable in the following areas:

- ***Adaptive Equipment*** – Chairs are now available with “on-board” computers that in turn operate other computers, environmental control units, or computer-assisted speech units. In addition to sip and puff controls for acceleration, braking, and turning, controls can be operated through head sticks, eye blink, and muscle twitch.
- ***Customized Seating*** – Seating should be fitted to the needs and physical contours of the individual to reduce fatigue, improve upper extremity function, and reduce spasticity.

## Wheelchair/Powered Mobility Devices Services

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- ***Integrated Driving Systems*** – These are chairs designed to work with a specific package of modifications for driving. If such a system will be considered, the driving evaluator should be consulted before the chair is purchased.
  - ***Power Chairs*** - A wide range of options for power chairs are available, including chairs with removable batteries, electric recline systems, and on-board computers. There is also a range of carts or powered mobility devices, which are suitable for uneven terrain.
  - ***Ultra-Light Chairs*** - Chairs that are ultra-light weight may increase mobility by reducing exertional demands, as they are easier to push and load into a car or van.

Some non-folding chairs are significantly lighter than folding models; those with quick release axles may permit independent loading by individuals with significant upper extremity limitations.

A variety of specialized wheelchairs and carts are available; including standing chairs and carts that operate in rough terrain. The Job Accommodation Network (1-800-JAN-PCEH) or <http://janweb.icdi.wvu.edu/> is one source of information on special function chairs. The Michigan Assistive Technology Loan Fund can also be contacted at <http://www.mi-atlf.org> for individuals considering a loan.

## Case Closed Prior to Eligibility Case Closure

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### Policy:

The applicant's case record shall be closed when:

- it is determined the applicant does not meet Agency eligibility criteria;
- the applicant selects an extended (sheltered) employment outcome after being informed of the (integrated) employment purpose of the program;
- the applicant declines to participate in or is unavailable during an extended period to complete an eligibility assessment, and the Agency has made a reasonable number of attempts to contact the applicant or, as appropriate, the applicant's representative to encourage participation.
- the applicant has chosen to assign their Ticket to Work to an alternative third party vocational rehabilitation service with whom the Agency does not have an Employment Network Agreement; or
- the applicant refuses services, fails to cooperate, has died, or is institutionalized.

## Case Closure Due to Severity of Disability

### Case Closure

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#### **Policy:**

A case shall not be closed due to the severity of the applicant's disability except when on the basis of clear and convincing evidence, and after a period of extended assessment or rehabilitation services have been provided, it is determined that an employment outcome cannot be achieved.

#### **Procedure:**

The applicant or parent or guardian, as appropriate, shall be provided an opportunity to discuss an ineligibility decision before the applicant's case is closed due to ineligibility.

A certificate of ineligibility signed and dated by the counselor shall be prepared for case closures due to ineligibility. The individual shall be informed in writing of the ineligibility decision, the reason for the decision, the right to appeal the decision and the process for doing so, and the availability of the services available through the Client Assistance Program and how to contact that program.

Before closing a case non-rehabilitated for reasons of ineligibility due to severity of disability, the counselor shall ensure that as part of the test of clear and convincing evidence, accommodation services and assistive technology would not enable the client to become employed.

**Case Closed after Eligibility  
Case Closure****Policy:**

An individual's case record shall be closed after eligibility when:

- it has not been possible to develop an IPE;
- IPE services have been completed;
- Agency services are no longer necessary or appropriate;
- the individual is no longer eligible; or
- the individual has chosen to reassign their Ticket to Work to an alternative third party vocational rehabilitation services with whom the Agency does not have an Employment Network Agreement.

The same prior notice and written notification as for ineligibility decisions apply to these closures.

**Procedure:**

Case closure after eligibility has been determined, for reason that the individual no longer meets one or more eligibility criteria, is considered an IPE amendment. The closure letter in the AWARE letters catalog shall be annotated with the phrase "Certificate of Ineligibility/Plan Amendment."

## Rehabilitated Case Closure

### Case Closure

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### Policy:

An individual shall be determined to have achieved an employment outcome only if the following requirements are met:

- The employment outcome is in an integrated setting;
- Services provided under an IPE are substantial and have contributed to the employment outcome;
- The employment outcome is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice;
- Employment reflects the employment outcome described in the IPE or IPE amendment and has been maintained for at least 90 days;
- The individual and counselor consider the employment to be satisfactory and agree the individual is performing well on the job; and

At the time of closure there must be an assessment of the need for post employment services.

### Procedure:

The impact of the client's earnings on the other benefits the client is receiving (e.g., SSI, SSDI, State Disability Assistance, FIP (TANF) benefits, housing subsidy) shall be reviewed and discussed with the client before case closure.

A client's case shall not be closed until the counselor has determined that the client has the personal resources to meet ongoing needs or that these are available through other agencies or programs. These may include supportive counseling, medication for control of disabling conditions, disposable medical supplies, appliance repair and replacement, vehicle replacement and maintenance, repair or replacement of adaptive equipment, personal assistance services, transportation costs, subsistence, etc.

Additionally, a case shall not be closed until the counselor has ensured that the client is able to meet production and interpersonal demands of the job. It may be appropriate for a case to remain open until the client gains union membership or passes the initial probationary period.



## **Rehabilitated Case Closure**

### **Case Closure**

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Written confirmation of the employment data by the client or another relevant source prior to case closure ensures that the case is being appropriately closed. In addition, in the written closure notification to the client, it is advisable to include the data regarding the client's employment including the name and address of the employer, job title, wages, and beginning date of employment to confirm the basis for case closure.

If the client received SSI and/or SSDI benefits during the rehabilitation process and the Agency will be requesting reimbursement for rehabilitation costs, there shall be a statement in the closure letter that the client's employment status at case closure may be verified later by the Social Security Administration.

Substantial services are defined as services that are provided in the context of a counseling relationship and client informed choice, and make a significant contribution to the individual's employment outcome.

Substantial services may be provided directly by Agency staff, arranged through comparable benefits and services, or purchased from third parties. They are identified in the AWARE closure page.

The Closure Successful letter in the AWARE Letters Catalog may be used to notify the client in writing that the case is being closed.

#### **Casework Notes:**

For additional information, refer to Casework Note 8 in the Casework Notes Section of this manual.

## **Case Closed Not Rehabilitated Case Closure**

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**Procedure:**

Reasons for closing a case non-rehabilitated other than for ineligibility include,

- Inability to locate the client, or the client has moved out-of-state,
- Client's refusal of Agency services,
- Death of the client,
- Client will be institutionalized for an extended or indefinite period of time,
- The client has failed to cooperate, and
- Transportation is not possible or available

The closure letter in the AWARE letters catalog shall be utilized to notify the client of the case closure.

## **Rehabilitated Case Closure in Supported Employment Case Closure**

### **Policy:**

A case shall be closed rehabilitated in supported employment only when:

- the employment represents competitive employment in an integrated setting; or
- the individual is working towards competitive employment and is in an integrated work setting; or
- the individual is part of a work group of no more than eight employees with disabilities and regularly interacts with individuals who do not have disabilities, including the general public, while performing job duties.

There shall be confirmation of extended support services after case closure by the third party identified in the IPE before a case is closed in supported employment.

## Notice of Case Closure

### Case Closure

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#### **Policy:**

Individuals whose cases are closed for any reason except death or no known address shall be notified in writing of their case closure, the basis for the closure, their right to appeal (including mediation) the closure decision and the process for seeking appeal and mediation including the availability of the Client Assistance Program to assist with an appeal. Individuals shall be provided an opportunity to discuss case closure prior to the closure.

The closure letter in the AWARE letters catalog shall be utilized to notify the client of the case closure.

#### **Procedure:**

When a case is closed, counselors shall consider whether the referral source and other agencies involved in the client's rehabilitation program should be notified.

Confidentiality issues shall be considered before releasing any case record information regarding the details of the case closure.

#### **Information:**

The counselor may release closure information to agencies involved in the clients' rehabilitation program, such as high schools, consistent with Policy and Procedures 2100, Confidentiality and Release of Information and interagency agreements.

## Post Employment Services Case Closure

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### Policy:

An assessment of the need for post-employment services shall be conducted prior to rehabilitated closure. Individuals whose cases have been closed rehabilitated shall be provided additional services if necessary to maintain, regain, or advance in their current employment.

### Procedure:

The need for post-employment services may arise either from an unexpected situation or be planned as part of the IPE or at case closure. Clients shall be encouraged to stay in touch with their counselor following case closure to seek assistance if problems arise and employment is in jeopardy.

Post-employment services are provided as an amendment to the IPE and generally are provided within approximately twelve months of case closure. In determining whether it is appropriate to provide a needed service in post-employment status, the counselor shall determine whether the service(s) is related to the original IPE and, therefore, is an appropriate amendment to it. The Post-Employment Module within AWARE is used to document the amendment.

Post-employment services shall be used to assist an individual in maintaining employment when a job is in jeopardy, or to regain employment when a new placement is needed due to job loss. Services may also be provided in post-employment status to assist an individual in advancing in their present career if extended training is not involved, and if it is determined that the current job is no longer consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, and interests. Objective, performance based data shall be obtained to assist the counselor and client in making this determination.

Changes in the client's work situation (e.g., employer name, wages, hours worked, etc.) shall be recorded in the case record.

If the client is employed in a location outside of the originating district's territory, the counselor and client shall determine whether it would be in the client's best interest to have the case served by the district in which the client is now living.

## **Referrals to Other Agencies Case Closure**

### **Policy:**

Applicants whose cases are closed prior to eligibility and individuals, whose cases are closed other than rehabilitated, shall be referred to other agencies for services as appropriate.

Individuals who make an informed choice to pursue extended employment as an outcome, shall be referred to an extended employment provider. Under an Order of Selection, individuals whose services are pending shall be referred to the local Michigan Works! Center.

**Policy:**

Individuals whose cases were closed ineligible due to the severity of their disability and based on a finding that the individual was incapable of benefiting from Agency services in terms of an employment outcome shall be provided an opportunity for a review of that determination one year after case closure to assess whether their condition may have changed and they may now be capable of benefiting from services. A review shall not be conducted when the individual has refused it, is no longer present in the state, whereabouts are unknown, or when the individual's medical condition is rapidly progressive or terminal.

**Procedure:**

The AWARE Caseload Browse, Activity Due feature notifies districts of former clients whose cases were closed ineligible one year previously because their disability was too severe. The printout shall be reviewed against the closed case file to identify those individuals who do not require an annual review. For example, an annual review may not be required if:

- The review process was explained to the client at case closure, the client did not desire the review, and this fact was summarized in the closure letter;
- The individual is no longer in the state or cannot be located; or
- The individual's medical condition is rapidly progressive or terminal.

The Annual Review Case Closed Too Severe letter located in the Letters Catalog of AWARE shall be used to notify all individuals identified in AWARE of the opportunity for a annual review of their case closure. If an individual responds and indicates an interest in having a review of present circumstances, it shall be determined whether the individual's condition has changed so that Agency services would now be beneficial. If it appears the individual can now benefit from Agency services and is interested in reapplying, a new application shall be processed.

If the review indicates that the individual is not able to benefit further from Agency services, the individual shall be notified in writing of the decision and the rationale for it. The letter shall also advise the individual that subsequent reviews shall be self-initiated.

The outcome of the annual review shall be recorded in AWARE.

## **Annual Review of Case Closed in Extended Employment in Community Rehabilitation Program**

### **Case Closure**

#### **Section VII**

#### **Policy:**

An annual review shall be conducted yearly for the first two years and each year thereafter if requested by the individual or their representative after a case has been closed on the basis of extended employment (sheltered employment) in a community rehabilitation program. The purpose of this review is to determine whether the individual may be ready to benefit from services leading to competitive employment in an integrated setting.

#### **Procedure:**

This review or re-evaluation shall include information from the individual or, in an appropriate case, the individual's representative to determine the interests, priorities, and needs of the individual for employment in, or training for, competitive employment in an integrated setting in the labor market.

This review shall include signed acknowledgement by the individual, or as appropriate, their representative, that the review or re-evaluation has been conducted, and that maximum efforts in the identification and provision of Agency services, reasonable accommodations and other necessary support services have been provided in an effort to engage the individual in competitive employment in an integrated setting.

The AWARE Caseload Browse, Activity due feature notifies districts of individuals whose cases were closed in Extended Employment one year previously. The printout shall be reviewed against the closed case file to identify those individuals who do not require an annual review. For example, an annual review may not be required if:

- The review process was explained to the individual at case closure, the individual did not desire the review, and this fact was summarized in the closure letter;
- The individual is no longer in the state or cannot be located; or
- The individual's medical condition is rapidly progressive or terminal.

The Annual Review Case Closed in Extended Employment from the Letters Catalog in AWARE shall be used to notify all other individuals on the listing of the opportunity for an annual review of their case closure. If an individual responds and indicates an interest in having a review of present circumstances, it shall be determined whether the individual's condition has changed so that Agency services would now be beneficial. If it appears the individual can now benefit from Agency services and is interested in applying, a new application should be processed.



## **Annual Review of Case Closed in Extended Employment in Community Rehabilitation Program**

**Section VII**

If the review indicates that the individual is not able to benefit further from Agency services, the individual shall be notified in writing of the decision and the rationale for it. The letter shall also advise the individual that subsequent reviews should be self-initiated.

The outcome of the annual review shall be recorded in AWARE in the Follow-up Browse page.

**Information:**

Extended Employment is defined as employment in a non-integrated or sheltered setting for a public or private not-profit agency or organization that provides compensation in accordance with the Fair Labor Standards Act. Extended Employment is not considered an employment outcome under the Rehabilitation Act.

## Annual Review of Case Closed with a Deviated Wage Case Closure

### **Policy:**

An annual review shall be conducted yearly for the first two years and each year thereafter if requested by the individual or their representative after a case has been closed on the basis of extended employment (sheltered employment) in a community rehabilitation program. The purpose of this review is to determine whether the individual may be ready to benefit from services leading to competitive employment in an integrated setting.

### **Procedure:**

This review or re-evaluation shall include information from the individual or, in an appropriate case, the individual's representative to determine the interests, priorities, and needs of the individual for employment in, or training for, competitive employment in an integrated setting in the labor market.

This review shall include signed acknowledgement by the individual, or as appropriate, their representative, that the review or re-evaluation has been conducted, and that maximum efforts in the identification and provision of Agency services, reasonable accommodations and other necessary support services have been provided in an effort to engage the individual in competitive employment in an integrated setting.

The AWARE Caseload Browse, Activity due feature notifies districts of individuals whose cases were closed in Extended Employment one year previously. The printout shall be reviewed against the closed case file to identify those individuals who do not require an annual review. For example, an annual review may not be required if:

- The review process was explained to the individual at case closure, the individual did not desire the review, and this fact was summarized in the closure letter;
- The individual is no longer in the state or cannot be located; or
- The individual's medical condition is rapidly progressive or terminal.

The Annual Review Case Closed in Extended Employment from the Letters Catalog in AWARE shall be used to notify all other individuals on the listing of the opportunity for an annual review of their case closure. If an individual responds and indicates an interest in having a review of present circumstances, it shall be determined whether the individual's condition has changed so that Agency services would now be beneficial. If it appears the individual can now benefit from Agency services and is interested in applying, a new application should be processed.

## **Annual Review of Case Closed with a Deviated Wage Case Closure**

If the review indicates that the individual is not able to benefit further from Agency services, the individual shall be notified in writing of the decision and the rationale for it. The letter shall also advise the individual that subsequent reviews should be self-initiated.

The outcome of the annual review shall be recorded in AWARE in the Follow-up Browse page.

**Information:**

Extended Employment is defined as employment in a non-integrated or sheltered setting for a public or private not-profit agency or organization that provides compensation in accordance with the Fair Labor Standards Act. Extended Employment is not considered an employment outcome under the Rehabilitation Act.

## Annual Review of Case Closed with a Deviated Wage

### Case Closure

### **Policy:**

An annual review shall be conducted yearly for the first two years and each year thereafter if requested by the individual or their representative after a case has been closed with a deviated wage; that is an hourly wage less than minimum wage. The purpose of this review is to determine whether the individual may be ready to benefit from services leading to competitive employment in an integrated setting.

### **Procedure:**

This review or re-evaluation shall include information from the individual or, in an appropriate case, the individual's representative to determine the interests, priorities, and needs of the individual for employment in, or training for, competitive employment in an integrated setting in the labor market.

This review shall include signed acknowledgement by the individual, or as appropriate, their representative, that the review or re-evaluation has been conducted, and that maximum efforts in the identification and provision of Agency services, reasonable accommodations and other necessary support services have been provided in an effort to engage the individual in competitive employment.

The AWARE Caseload Browse, Activity due feature notifies districts of individuals whose cases were closed with a deviated wage one year previously. The printout shall be reviewed against the closed case file to identify those individuals who do not require an annual review. For example, an annual review may not be required if:

- The review process was explained to the individual at case closure, the individual did not desire the review, and this fact was summarized in the closure letter;
- The individual is no longer in the state or cannot be located; or
- The individual's medical condition is rapidly progressive or terminal.

The letter, Annual Review Case Closed Deviated Wage, from the Letters Catalog in AWARE shall be used to notify all other individuals on the listing of the opportunity for an annual review of their case closure. If an individual responds and indicates an interest in having a review of present circumstances, it shall be determined whether the individual's condition has changed so that Agency services would now be beneficial. If it appears the individual can now benefit from Agency services and is interested in reapplying, a new application should be processed.

## **Annual Review of Case Closed with a Deviated Wage Case Closure**

If the review indicates that the individual is not able to benefit further from Agency services, the individual shall be notified in writing of the decision and the rationale for it. The letter shall also advise the individual that subsequent reviews should be self-initiated.

The outcome of the annual review shall be recorded in AWARE in the Follow-up Browse page.

## Federal Civil Service Placement Options Other Programs

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### Procedure:

In order to be considered for federal employment under Schedule A, a job applicant must provide a Letter of Certification of Disability to the Federal agency where his application is being considered. An Agency Counselor or the Vocational Rehabilitation and Employment Service of the Department of Veterans Affairs issues the Letter of Certification of Disability. This letter is not a form letter and medical records do not accompany it.

The certification can be accomplished in two steps. The first step is a letter certifying the individual has a severe disability and is eligible for appointment under a particular Schedule A appointment authority. This certification letter is sufficient for an applicant to be considered for any job. The second step is a letter sent after the individual has been tentatively selected for a position. The second letter must state that the counselor has evaluated the job tasks and determined the applicant is able to perform the essential duties of the position. This letter also must state what reasonable accommodations, if any, are sought. Agency Counselors should refer to the informational section below when composing Letters of Certification of Disability for various impairments and types of federal employment.

### Information:

Federal agencies fill jobs two ways, competitively and non-competitively. Persons with disabilities may apply for jobs either way. Jobs filled competitively are advertised through vacancy announcements. Jobs filled non-competitively do not have to be advertised. People selected for a noncompetitive position must meet the qualification requirements for the position and be able to perform the essential duties of the position with or without reasonable accommodations. There are several special appointing authorities used to hire people with disabilities.

Two different Schedule A appointing authorities are available to hire people with severe physical disabilities. The first leads to continuing positions. Persons may be appointed under this authority if they have already demonstrated their ability to perform the position duties satisfactorily on a temporary trial appointment or they have been certified by an Agency Counselor or the Department of Veterans Affairs as likely to succeed in the performance of the position duties. After completing two years of satisfactory performance, employees may be converted to appointments in competitive service.

The second appointing authority leads to time-limited positions. Persons may be appointed under this authority when the Office of Personnel Management (OPM) has determined that an examination process is impractical. There is no provision under this authority for conversion to a permanent appointment when the time-limited appointment expires. However, conversion to appointments, which lead to continuing positions, is possible.

## Federal Civil Service Placement Options

### Other Programs

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A specific Schedule A appointment authority is available to hire people with mental retardation. Persons may be appointed based on certification from an Agency Counselor that they have the ability to perform the position duties, are physically qualified to do the work without risk to themselves or others, and are competent to maintain themselves in a work environment. After completing two years of successful service, employees may be converted to appointments in the competitive service.

There are both continuing and time-limited Schedule A hiring authorities for people with psychiatric disabilities. Persons may be appointed for continuing positions if they have already demonstrated their ability to perform position duties satisfactorily on a temporary appointment or if they have been certified by an Agency Counselor or the Department of Veterans Affairs, as likely to succeed in the performance of the position duties. After completing two years of satisfactory performance, employees may be converted to appointments in competitive service. Persons may be appointed to time-limited positions when the Office of Personnel Management has determined that an examination process is impractical.

Each Federal agency has a Selective Placement Program Coordinator, Special Emphasis Manager (SEP) for Employment of Adults with Disabilities, or equivalent, who helps agency management recruit, hire and accommodate people with disabilities at that agency. A listing of Selective Placement Program Coordinators can be obtained by visiting <http://www.usajobs.opm.gov> and following the appropriate links.

A variety of additional programs are available for veterans and students with disabilities. Veterans with a compensable service-connected disability of 30 percent or more may be appointed at any grade level for which they are qualified. Other frequently used appointment authorities include the Veterans Readjustment Appointment, the Student Educational Employment Program, Temporary Limited Appointments, Term Appointments, and the Student Volunteer Program.

Extensive information regarding Federal Employment of People with Disabilities can be found at <http://www.usajobs.opm.gov>. Counselors are encouraged to visit this web site in order to obtain additional information regarding all of the programs outlined above.

### Forms:

Form RA-4640, Monthly Training Progress Report, in Policy and Procedures - 6625 - Training-College and Vocational may be used to obtain progress reports for clients in unpaid work experience programs.

**Business Owned by a Person With a Disability  
Other Programs****Policy:**

PA-112 requires that three percent of discretionary state procurement contracts be awarded to "businesses owned by a person with a disability".

**Procedure:**

A "business owned by a person with a disability" is defined as:

"a business of which more than 50% of the voting shares or interest in the business is owned, controlled, and operated by persons with a disability; with respect to which more than 50% of the net profit or loss attributable to the business accrues to shareholders with a disability; and in which more than 50% of the employees are residents of this state."

Individuals who, within the past five years, meet any of the following criteria are automatically considered to have a significant disability for purposes of PA-112: (1) eligible for services from the Agency, (2) eligible for services from the Commission for the Blind, (3) determined to have a 30% or greater disability rating by the Veterans Administration, or (4) received SSI or SSDI benefits.

There are three steps to the process of bidding on State contracts as a "business owned by a person with a disability":

- Verification that the individual has a current significant disability;
- Certification as a "business owned by a person with a disability" by the Michigan Department of Civil Rights using form CR507 (forms available through the Civil Rights Commission (313) 256-2651)
- Completion of a Vendor Application with the Michigan Department of Management and Budget which may be completed at any time during the process (forms available through the offices of the Department of Management and Budget, (517) 373-0330).

The Department of Civil Rights will accept a copy of an award letter or a check as verification of a person with a disability who have received SSI or SSDI during the past five years.

All other individuals, and Agency clients served within the past five years, may have their disability verified by the Agency. Clients of the Commission for the Blind, or the Veterans Administration within the past five years should be referred to those agencies for verification of disability.



**Business Owned by a Person With a Disability  
Other Programs****Forms:**

The form related to this manual item is the RA-112, PA-112 Handicapper Verification.

## Michigan Career and Technical Institute (MCTI)

### Other Programs

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### Information:

The Michigan Career and Technical Institute (MCTI) is a residential public post-secondary vocational training facility, which also provides comprehensive and individual rehabilitation services. It is operated by Michigan Rehabilitation Services and may accept participants for enrollment referred by Agency counselors, individuals with disabilities referred by other agencies and organizations, and individuals who are not disabled. Students must be 18 years of age or older or possess a high school diploma at age 17.

### *Financial Aid*

Federal student financial aid is a comparable benefit and service, which clients must apply for and, if eligible, accept as the first dollar toward their training costs at MCTI if they are enrolled in a MCTI eligible program. The balance of their direct education costs are covered from Agency funds assigned to MCTI. Referring counselors and/or students are responsible for any transportation, personal accommodation equipment (e.g., hearing aids, assistive listening devices, splints, specialized tools), or other personal and incidental expenses clients may incur while at MCTI. Off-campus expenses are usually the responsibility of the student, unless otherwise specified in the IPE.

Students who are not Agency participants are responsible for their own costs while at MCTI, which may be met in total or in part by a third party or federal student financial aid.

Medical expenses and emergency hospitalization services are provided by MCTI, which may be met in total or in part by a third party or federal student financial aid.

### *Admissions*

Training Programs include:

Automotive Technology	Ground Maintenance/Landscaping
Cabinetmaking	Machine Technology
Computer Programming	Office Automation
Culinary Arts	PC Specialist
Custodial	Printing
Drafting	Retail Marketing
Electronics	

The MCTI Admissions Office requires the following documentation and activities when a client is referred to MCTI:

- AWARE – Guest Access in the form of “Update full” is given to the Admissions director at the time of referral.

**Michigan Career and Technical Institute (MCTI)**  
**Other Programs**

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- A referral memo to the Admissions Office which includes the following information:
    - Name of the participant, counselor, and district office.
    - Participant's home mailing address and telephone number.
    - Reason for referral.
    - Vocational objective, and rationale (not required if the individual is being referred to CAS, list any questions to be answered).
    - A description of accommodation services and equipment the participant may need while at MCTI.
    - Discharge Plan addressing where the student returns on vacations and breaks, and destination at the conclusion of the program.
  - One copy of the following:
    - Individual Plan for Employment or Plan Extended Assessment and any amendments, unless referred to Career Assessment Services (CAS).
    - High school transcripts, or GED.
    - The results of a GATB or aptitude tests which include measures of spatial relationships, and mechanical aptitudes or a psychological test (a WAIS is preferred if appropriate), vocational interests, and math and reading achievement (WRAT, WIAT).
    - If the client has a history of substance abuse, a written statement from a licensed substance abuse therapist stating whether the participant, based on past history, should participate in random substance abuse screening during the stay at MCTI.
  - Two copies of medical (and psychological information when appropriate) which is recent enough to reflect the current status of the client's primary and any secondary disabilities, and includes the diagnosis, a description of functional limitations and identification of any medication or treatment, including occupational and physical therapy, the client is receiving and will continue to need while at MCTI.
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**Michigan Career and Technical Institute (MCTI)  
Other Programs**

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If the participant will need assistance with incidental and/or transportation expenses, the counselor should process a direct payment authorization ensuring that the first scheduled check will reach the student during the first week of school (or at the time agreed upon by the counselor and client if other than during the first week).

- Medical documentation including the following:
  - Immunizations.
  - Tetanus TD (one vaccine within the last 10 years).
  - Hepatitis B series, including the dates given (for students in the custodial program).
  - Mumps, Measles, and Rubella (if under age 34 and there is no documentation of having had these diseases, re-vaccination is required).
  - TB skin test within six months of enrollment.
  - If there is a medical reason why the client cannot have any of the above immunizations, MCTI requires documentation of the reason from a physician.
  - A report of the client's general health status no more than 12 months old.

The MRS counselor should also ensure that the client has completed an application for federal student financial aid, if applicable, and return it to the financial aid office at MCTI. MCTI will send financial aid forms to the participant at the time of invitation.

While the student is attending MCTI (or is in an interrupted status), the referring counselor and MCTI counselor are mutually responsible for informing each other of the client's progress at home and at school by providing copies of student records and case file entries via AWARE. Other MCTI staff will be placing case entries on student progress in the case file via AWARE also. All case status changes are the responsibility of the referring counselor.

The referring counselor will be informed within three days of training interruptions. When the individual can resume training, the referring counselor will need to arrange for reinstatement with the Admissions office.

**Michigan Career and Technical Institute (MCTI)**  
**Other Programs*****Visiting MCTI***

MCTI conducts a visitation day once a month from September through July for prospective students. Pre-registration is required and may be done by contacting the visitation day secretary at 1-(877) 901-7360. Overnight stays can be arranged with the visitation day secretary at least three weeks in advance. While there is no charge for an overnight stay, visitors will need to bring their own bedding since the Barry County Health Department prohibits MCTI from providing this service. At the beginning of each term, it may be more difficult to reserve a bed for visitors due to capacity in the dormitory. Many current and former MCTI students recommend visiting the facility in helping the client determine whether MCTI will be an appropriate training site.

The MCTI Admissions Office will notify the referring counselor of the final decision on the referral within three weeks of receipt of referral. The referring counselor will be sent a projected enrollment date letter. Most projected dates are met and often participants are invited earlier, but projected dates are not guaranteed.

***Career Assessment Services***

The purpose of CAS at MCTI is to determine a student's potential to participate in any of the training programs offered at MCTI. Students perform job tasks under stimulated work and training conditions. Most CAS programs last four weeks. The projected date for CAS is guaranteed. CAS also does leisure assessment, employability assessment and a disability awareness session. When a student's demonstrated skill and entry-level requirements for a training program are not consistent, CAS staff will attempt to prescribe measures to upgrade skills, identify accommodations, equipment or services that might be applied, or suggest training alternatives. At the completion of the CAS program, recommendations for a best course of action will be made in collaboration with the student.

***Reading Clinic***

The Reading Clinic provides a 10-week intensive remedial program for students with reading, writing and/or spelling difficulties. Students work one on one or in small groups with Reading Clinicians. Students work for three hours per day in an interactive and balanced program designed to strengthen literacy skills. Students who complete this program may wish to enroll in one of MCTI's training programs or obtain direct employment. Prerequisites: Verbal IQ of 85 and 3<sup>rd</sup> grade reading level.

## Michigan Career and Technical Institute (MCTI) Other Programs

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### ***Operation Fast Break***

A computer-assisted, intensive, accelerated learning/work preparation program that prepares individuals for entry into career-track jobs, college, or post-secondary education including MCTI. This is a recommended course for those individuals whose goal is high-tech careers. In fact, MCTI recommends that those students interested in programs like Office Automation, Electronics, Drafting, or PC Specialist, consider enrolling in Operation Fast Break. Students are required to take the following Work Key Assessments (applied math and reading for information) and receive a Level-4.

### ***Step-Up***

This is a companion program to operation Fast Break. It also emphasizes workplace foundation skills, but is more individualized to the learners needs and does not require a Level 4 in Work Keys assessments. This program is ideal for candidates who need to improve workplace foundation skills enter the Fast Break program or to be accepted into a trades program.

### ***Job Placement***

Job placement is the shared responsibility of the home counselor and MCTI staff for students graduating from MCTI. MCTI staff will help with placement activities and suggest employer contacts and/or job openings. When an unemployed student graduates from MCTI, the placement activities return to the home counselor. Placement activities include:

Resume preparation	Employability assessment
Cover letters	Portfolios
Interviewing skills	Transportation to interviews
Job seeking classes	Acquisition and retention services
Employment/transition class	

The Business Advisory Group for each trade area at the school provides an opportunity for students to interact with employers in an informal setting, which may be helpful in the job placement process.

Supported services include:

Counseling	Leisure services
Residential services	Health services

MCTI has an alcohol and drug-screening program which reviewed with each individual during orientation. Students with a primary disability of substance abuse must sign a contract indicating 1) they understand the policy, 2) they will remain free of alcohol and non-prescription drugs, and 3) they agree to be tested on a random basis for the presence of alcohol and drugs. Programming will be suspended until the student has signed the contract.

**Michigan Career and Technical Institute (MCTI)**  
**Other Programs**

If there is sufficient evidence that any student is under the influence of drugs or alcohol while at MCTI (including students who do not have a known substance abuse disability) the student will be tested (breathalyzer or urine testing). If the test results are not immediately available the student will be suspended from class until the negative results are obtained. Positive test results may result in suspension or termination of the student's program at MCTI. Students who refuse testing will be suspended from their program until they can prove, through testing, that they are not under the influence of drugs or alcohol.

***Family Housing***

MCTI offers Student Family Housing, adjacent to the campus of the Michigan Career and Technical Institute. Owned and operated by the Pine Lake Fund, a non-profit 501©(3) organization, the housing complex accommodates single and married parents with children enrolled in training at MCTI. The attached day care center can accommodate children, (18 months and older) while the parent is in training.

To be considered for family housing, the student must:

- Be a single or married parent.
- Be accepted into a MCTI training program meeting all program requirements.
- Have a disability that is stabilized.
- Be a low-income FIA recipient or low income FIA eligible for housing and day care assistance; or Non-low income MRS client or private pay student.
- Have physical examinations and required immunizations for all children; and
- Complete a MCTI Student Family Housing admissions packet including discharge plan.

The student is expected to:

- Maintain status as MCTI student;
- Be responsible for all transportation needs;
- Supervise and parent children when not in daycare.
- Accept the project housing agreement. Delinquent housing daycare charges will terminate the housing agreement.

## Michigan Career and Technical Institute (MCTI)

### Other Programs

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The cost is as follows:

The project charges nominal day care reimbursement for FIA eligible students. Housing cost is \$300/month for two bedroom units and \$350/month for three bedroom units. A \$100 security deposit is required for all students. For students who do not meet low-income guidelines, housing costs are \$450/month for two bedroom units and \$550/month for three bedroom units and day care costs are \$3.00/hr/child. These rates are subject to change. Contact MCTI to obtain current rates.

The housing units are furnished with a couch, chair, end tables, lamps, twin beds, dressers, and all appliances. Students will need to bring dishes, pots and pans, kitchen utensils, bedding for twin beds, towels, cleaning products, personal products and clothing for them and their children. The units are not air conditioned, but do have ceiling fans in the bedrooms and in the living room.

#### *Pine Lake Experience*

The Pine Lake Experience is a summer program designed for high school students interested in career exploration. The Pine Lake Experience offers a variety of recreational and educational opportunities including horseback riding, swimming, boating, archery, crafts, campfires, fishing, and bowling. An overnight tent camping experience will also be offered. Recommended ages for campers is between the ages of 16 (sixteen) and 19 (nineteen).

The Pine Lake Experience is available to students with physical, emotional, or learning disabilities, however this experience may not be appropriate for every student with a disability. Three sessions of the Pine Lake Experience will be offered during the summer; last week of July and first two weeks of August. Please contact the school regarding cost information at (269) 664-9260. All meals and activities are included in the cost. Scholarship and sponsorship information is available.



**MRS Disability Management  
Other Programs****Policy:**

Applicants who have a third party legally responsible for the payment of their vocational rehabilitation costs, such as Workers' Disability Compensation, or No-Fault Auto Insurance shall be referred to, screened and, if approved, served by the Agency's Disability Management Program (DM). Applicants who receive Long Term Disability (LTD) benefits shall be referred to the Disability Management Program for a determination of the existence of third party responsibility for vocational rehabilitation costs. An individual may have simultaneous cases with the General Program and DM Program if the third party is not responsible for all rehabilitation services required, or there is a second, non-compensable disability that creates additional rehabilitation needs.

**Procedure:****1. At Intake**

At intake, agency staff shall ascertain whether a third party has legal responsibility for vocational rehabilitation by using the Insurance Benefit Recipient Screening Questionnaire (Form RA-2948) or by asking the individual whether s/he is receiving Workers' Disability Compensation, Auto No-Fault (wage loss and/or medical insurance), or LTD benefits. If it is determined that there is potential third party liability, the individual shall be referred to the Disability Management Program within three days for determination of the existence of third party responsibility and for case management if third party reimbursement exists. If the DM program determines there is no third party liability, LTD or otherwise, the case is returned to the general program for eligibility assessment and MRS services.

**2. After A Case is Opened**

If a case has been opened in the General Program and it is subsequently determined that a third party may be responsible for a client's rehabilitation, the case shall be referred to the DM Program for screening and primary case management, if approved for third party reimbursement. The case will remain open in the General Program until the DM Program has determined approval for third party reimbursement. The individual shall be provided an opportunity to maintain an open case in both the general and DM program after consultation with the DM and general counselor. When there are other rehabilitation services required that are not the responsibility of the third party, dual cases shall be maintained. The individual will be notified in writing if a case is closed in either program.

## **MRS Disability Management Other Programs**

Public Act 315 of 1982 as amended  
Rev. 11/2005

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### **3. Cases Served by Private Vocational Rehabilitation Providers**

The DM program is prohibited from opening cases being served by private rehabilitation providers. When such cases are referred to a district office, they shall be provided an eligibility assessment to determine eligibility for the general program. Vocational rehabilitation services that are not the responsibility of the third party insurer shall be provided. Consultation with the DM program is strongly encouraged, especially as relates to LTD cases, to ensure that comparable benefits from a responsible third party are fully utilized.

### **4. Referrals to the DM Program**

Referrals to the DM Program shall be made using a Request For Services form (Form RA-2947). These forms can be found in the Rehabilitation Services Manual or in E-Learn.

### **5. Settled Cases**

An individual whose Workers' Disability Compensation, Auto No-Fault or LTD case has been settled shall be served by the General Program.

### **6. Third Party Terminated Cases**

If a third party customer terminates payment for a client still in need of vocational rehabilitation services or refuses to pay for needed services, the DM Program may close its case and/or refer the individual to the General Program for services. The receiving counselor in the General Program shall honor an IPE developed by the DM Program, unless the vocational goal and/or services depends exclusively on third party support, or it is agreed by the parties to amend the IPE.

### **7. Cases Served By Both Programs**

In the event an individual is served by both programs, each case is processed in accordance with the procedures of the respective program. The counselor and DM specialist shall coordinate development of services to assure consistency in planning and service delivery.

**MRS Disability Management  
Other Programs****8. Cases in Litigation**

For cases in litigation, consultation with the DM specialist shall be initiated to clarify issues of third party liability. The client's attorney and insurer shall be notified by lien letter, after obtaining written and informed consent from the client, that the Agency is providing vocational rehabilitation services and, in the event that third party liability is established, the Agency will request reimbursement for authorized services. The Lien Letter should be sent prior to or concurrently with IPE completion, when possible. The Lien Letter (Job Aid 8075d) is found in the Rehabilitation Services Manual and in the AWARE letters catalog.

**9. Billing Costs to Litigated Cases**

Cost services are tracked in AWARE. If or when a third party is determined liable for rehabilitation costs or when requested by an attorney or insurer, the counselor shall provide a letter and/or report identifying types of services provided, vendor name, dates, and cost of services to the third party to recover costs.

**Information:**

Prior to opening a case, counselors in both the general and DM program should check the database of each other's program to determine whether a case record already exists and requires service coordination or referral. General program counselors may contact DM program staff at (248) 848-7020, and DM counselors may contact the MRS Help Desk at (517) 373-7953.

The Disability Management Program of MRS is an application of the federal requirement that the Agency and the individual seek out and use comparable services and benefits under other programs when they are available. The DM Program of MRS is authorized under Public Act 315 of Michigan to recover the costs of vocational rehabilitation from third parties where legal responsibility exists for such services under the State's Workers' Disability Compensation law and Auto No-Fault law, and, where applicable, under LTD. Third party liability under LTD is applicable when an employer has purchased a disability insurance policy that includes vocational rehabilitation or return to work services. The DM Program is uniquely qualified to determine the existence of third party liability for vocational rehabilitation, and to recover costs from third parties. The DM Program applies the same eligibility criteria to applicants as the General Program. It provides services and outcomes consistent with the requirements of the Rehabilitation Act and the liable third party. The DM Program applies the same principles and practices of rehabilitation counseling as the General Program.

**MRS Disability Management  
Other Programs**

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**Forms and Job Aids:**

- RA-2947 – Disability Management Program Request for Services
- RA-2948 – Insurance Benefit Recipients Screening Questionnaire
- 8075a Job Aid – State Employees’ Work Aid
- 8075b Job Aid – Workers’ Compensation Work Aid
- 8075c Job Aid – Auto No-Fault Work Aid
- 8075d Job Aid – Lien Letter

**Policy:**

The Agency will provide services to applicants and eligible recipients of Social Security disability programs, including the Ticket to Work Program, as required under the Rehabilitation Act of 1973, as amended. However, based on the requirements established in the Ticket to Work legislation at 20 CFR 411.300, any entity that has entered into a formal agreement with the Social Security Administration (SSA) to act as an Employment Network (EN) and has contracted with SSA to “assume responsibility for the coordination and delivery of employment services, vocational rehabilitation services, or other support services to recipients under the Ticket to Work program...” will be considered an alternative third party vocational rehabilitation service funded under the Ticket to Work and Work Incentives Improvement Act of 1999 (PL 106-170). Customers, who choose to have their vocational rehabilitation services provided by an EN, shall be provided services from the Agency only when an interagency agreement exists with the customer’s chosen EN.

The Agency will function as an EN within the Ticket to Work and Self Sufficiency program when appropriate. The Agency will accept referrals from ENs with whom it has an established referral/cooperative agreement and provide services to customers as specified under the established agreement. The services and benefits that are available through the EN will be considered comparable benefits in any referral/cooperative agreement between an EN and the Agency. The Agency will not accept referrals from ENs with whom it does not have an established agreement. The Agency will accept all Tickets.

All customers receiving Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) disability payments shall be provided, either directly or through the Benefit Planning And Outreach (BPAO) Projects, information on benefits planning and implications of using the Social Security work incentives, including the Plan to Achieve Self-Support, Impairment Related Work Expenses, employer subsidies, the continuation of Medicaid and Medicare benefits, and the Ticket to Work protections.

All applicants for Agency services, who are SSA recipients will be asked to assign their Tickets to the Agency. Participants who were being served by the Agency prior to Ticket release and who choose not to assign their Ticket to any provider will continue to receive services through the Agency. Any new participant, or current participant who had not signed an IPE prior to Ticket release shall be informed that signing an IPE will assign the Ticket per Social Security procedures. A full explanation of the participants’ choices under the Ticket shall be provided, including, information regarding the range of vocational rehabilitation options available, work incentives and information regarding benefits counseling.

**Procedures**

## Case Documentation

- All SSA case records shall contain documentation to substantiate that information on benefits planning, impact of Ticket usage and work incentives was provided during orientation.
- All SSA case records shall contain copies of verification of SSA eligibility that includes the customers Social Security Number (SSN).
- All EN Agreement -Ticket case records shall have copies of all *MRS Referral Packet* information.
- A release of information (RA-28 – SSA-3288) shall be in all case records of SSA recipients to allow the Agency to communicate with SSA and Maximus.

As the Agency works with individuals who are receiving SSDI/SSI, it is important to recognize the employment supports and options available to them in pursuing an employment outcome. Counselors and managers are to use the services of the SSA Specialist within their district office, benefits planners in their area, and/or work incentive liaisons and employment specialists within the SSA system to assure accurate and up-to-date information is available to customers regarding work incentives. (Information and training is available on E-Learn at the On Line Learning Center, or at the Maximus, Inc. website at [www.yourtickettowork.com](http://www.yourtickettowork.com))

All SSA recipients applying for services shall receive an orientation that includes information on SSA work incentives and the Ticket process.

Applicants who receive SSA cash benefits under the disability program are presumed eligible upon written verification of their eligibility for SSDI/SSI disability payments. (See Policy 1.1100, 3125 in the consolidated manual)

## Examples of acceptable verification:

- A copy of the SSA award notice,
- An SSA letter notifying the applicant of eligibility,
- SSA query or other written confirmation of receipt of SSDI or SSI (on the basis of disability) from the local Social Security office, or
- An actual "Ticket" or verification from Maximus that the individual is eligible for a Ticket.

Copies of any information used to verify eligibility shall be retained in the file. (See Policy 1.0050, 2075 in the consolidated manual) It is imperative that the recipient SSN, date of birth and last name be doubled checked for accuracy when entering this data into the AWARE system.

### **Procedures for Current Participants**

Participants currently being served by the Agency will fall into three different Ticket categories; 'pipeline' cases, 'new' cases, and non-Ticket cases (SSA definitions). Pipeline cases are open cases with an IPE signed prior to Tickets being released in Michigan (November 15, 2002); or in a non-Ticket case, where the person becomes eligible for a Ticket after the Tickets are originally released. New cases are those with a new or amended IPE signed after the date the Tickets were first released. Non-Ticket cases are SSA recipients who are not eligible for Tickets (i.e., persons under age 18 or over 64). Non-Ticket cases will not be affected by these procedures unless or until they become eligible for a Ticket.

Current participants and new participants have options regarding assignment and use of their Ticket. Ticket holders can:

- Assign the Ticket to the Agency
- Choose not to assign the Ticket to anyone (pipeline cases only)
- Assign the Ticket to another provider

Current participants who wish to assign their Ticket to the Agency will be encouraged to do so. Counselors should become familiar with the *Ticket Concepts Job Aid*.

### **Procedures for Pipeline SSA Ticket Participants**

This procedure is to be used when a participant receiving services has an IPE that was signed prior to November 15, 2002.

If a participant receives a Ticket and wishes to assign that Ticket to the Agency, the counselor shall make a copy of the Ticket for the file, discuss protections from medical reviews, benefits planning and work incentives with the participant, and have the participant sign the SSA-1365 using the current IPE data or amend the IPE (if necessary) based on the participant's decision to inactivate the Ticket. The counselor is to advise the participant that their signature on an amended IPE (after November 15, 2002) automatically assigns the Ticket. All Tickets will be verified with Maximus as to assignability. If the status of the Ticket changes the counselor will be alerted.

## 8100 Social Security Recipients Reimbursement Reporting Requirements

4 of 10

### Other Programs

Rev. 2/2003

#### Section VIII

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Participants should be encouraged to use the Ticket and its protections. All Tickets will be considered “active” unless otherwise indicated on the SSA-1365. In the upper right hand corner of the SSA-1365 the counselor enters an “I” for inactive if the customer will not be using the Ticket protections. Fax the SSA-1365 to the Ticket Unit at (517) 373-0565. The Ticket Unit staff will forward the form to Maximus for assignment. The counselor will be notified by e-mail when the Ticket is assigned. The Ticket Unit will update the AWARE system via a case note. The Ticket Unit will maintain the assignment confirmation letter. Once the Ticket is assigned, the participant can inactivate their Ticket by contacting Maximus.

If the participant does not want to assign the Ticket to the Agency or any other provider, the counselor enters a case note to that effect. Services continue as developed in the IPE. The unsigned SSA-1365 is faxed to the Ticket Unit with the annotation “pipeline case - does not want to assign”. The Ticket Unit will make periodic contact with Maximus to assure the Ticket remains unassigned.

If it is learned that the participant’s Ticket has been assigned elsewhere during the course of services with the Agency, the counselor will obtain a signed release of information form from the participant to the EN holding the Ticket. The counselor must advise the participant that no further services can be authorized until the EN has been contacted and services coordinated with their new plan. Use Ticket letter “Ticket - Stop Authorizations.” Follow the procedures in the section “*Serving Customers under an EN Agreement*”.

### Procedures for New Participants with Tickets

When a participant does not have a signed IPE, complete the Agency application process as usual. Enter the application data into AWARE. If the participant has received a Ticket and wishes to assign the Ticket to the Agency, make a copy of the Ticket for the file; discuss protections from medical reviews when using a Ticket, benefits planning and work incentives. When the IPE is completed, fax a completed and signed SSA-1365 to the Ticket Unit (517) 373-0565. The signed SSA-1365 will be sent to Maximus for assignment.

All new participants must be informed that their signature on their IPE means they are agreeing to enter into a work plan with the Agency; and that this process automatically allows their Ticket to be assigned to the Agency. Enter a case note into AWARE regarding your discussion.

New participants who have a signed IPE after November 15, 2002 and wish to assign their Tickets to the Agency shall be asked to sign a SSA-1365. The counselor will complete the information requested on the SSA-1365 based on information from the IPE. The pre printed SSA-1365 shall be used when provided. In the upper right hand corner of the SSA-1365 enter the letter “I” for inactive if the participant will not be using the Ticket protections. Fax the completed SSA-1365 to the Ticket Unit (517) 373-0565. The signed SSA-1365 will be sent to Maximus for assignment. Once the Ticket is assigned, the counselor will be advised on how to direct the participant to “inactive” the Ticket with Maximus.



(If the participant has not received a Ticket yet, but wants to work with the Agency under the Ticket program, see the section on “*Ticket on Demand*”).

If the participant does not want to assign their Ticket, the counselor shall advise the participant that their signature on the IPE automatically assigns the Ticket per SSA requirements. The counselor shall enter a case note into AWARE that reflects this discussion. If the participant wishes to continue services but refuses to sign the SSA-1365 the counselor will fax a copy of the completed but unsigned SSA-1365 AND a copy of the signed IPE to the Ticket Unit. This information will be submitted to Maximus for assignment. The Ticket Unit will update AWARE via a case note when the Ticket is assigned. The original assignment letter will be maintained in Ticket Unit.

If it is learned that the participant has assigned his/her Ticket elsewhere during the course of services with the Agency, the counselor will obtain a signed release of information form from the customer to the EN who holds the Ticket. The counselor must advise the participant that no further services can be authorized until the EN has been contacted and services coordinated with their new plan.

Following the procedures in the section “*Serving Participants under an EN Agreement*”.

### **Procedures for Non-Ticket Cases**

Not all current SSA customers will receive Tickets. Non-Ticket SSA customers will receive Agency services as established under Agency policy and procedures. If a non-Ticket SSA customer later receives a Ticket, follow the *Procedures for Pipeline SSA Ticket Participants* if the IPE was signed prior to November 15, 2002.

### **Serving Participants Under an EN Agreement**

The Agency has developed a standard interagency agreement for Employment Networks who wish to obtain services for their Ticket customers from the Agency. These agreements allow the Agency to be compensated for services it has provided to the ENs customer when the EN receives its Ticket payments from SSA.

In order to refer one of its customers to the Agency, the EN will prepare a *Referral Packet* and send it to the designated the Agency’s liaison. The packet includes:

- Verification of SSI/SSDI status;
- Verification that the individual has a valid Ticket;

**Section VIII**

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- Verification of *Ticket Assignment*;
- A completed *Request for Services*;
- A copy of the completed and signed IWP;
- A signed *Agency Application* form;
- Copies of signed releases.

All district offices and ENs have copies of the *Referral Packet* and agreement procedures. These materials are also available on E-Learn and on the Agency's Ticket to Work web site. Counselors need to be familiar with this process.

The designated Agency liaison will review the packet and determine if additional information is needed. Any concern regarding the Individual Work Plan (IWP) needs to be discussed with the district manager in collaboration with the Ticket Coordinator. The Agency is under no obligation to proceed, and will not proceed, with an IWP that is unsupportable under the Rehab Act or professional rehabilitation counseling ethics. If the packet is complete and the plan is determined appropriate, the EN will be advised that the plan has been approved, and services will be authorized in accordance with the IPE. Authorization for services are processed per Agency policy. A copy of the authorization, invoice and proof of Agency Payment are sent to the EN when services have been provided.

All services or benefits available from the EN, even if not included on the current work plan, will be considered comparable benefits and services.

**Handling An Attempted Referral Without An Agreement**

**The Agency will not accept Ticket customers referred by an Employment Network unless an EN Agreement has been established.** Ticket participants cannot continue to receive services from the Agency if they have chosen to assign their Ticket to another service provider. If, at the time of referral/application, the participant advises that their Ticket has already been assigned to an EN, the participant shall be advised that the Agency will only provide services in accordance with the agreement that the Agency has with the EN. The participant should be encouraged to contact their EN regarding entering into an agreement with the Agency.

If during the course of services the counselor discovers that the participant has assigned their Ticket to an EN, the counselor is to contact the participant using the “Ticket - Stop Authorization letter”, obtain a signed RA- 24 and review the list of entities with whom the Agency has EN agreements that will be available on E-learn. If an agreement does not exist, alert the district manager. The Ticket coordinator and the district manager will direct the efforts to obtain an agreement with the EN. If no agreement can be reached, the case will be closed based on the participant’s decision to receive services elsewhere. Counselors will use the case closure reason “ticket assigned elsewhere” and send the “Ticket Closure letter”. Due process notification applies. (See Policy 1.2225, 5225 in the consolidated manual). The Ticket coordinator will report to Maximus that an EN has attempted a referral without an agreement as outlined in the Ticket to Work regulations. Ticket reassignment will be discussed with the participant.

If a participant transfers their Ticket to the Agency, services shall be based on development of a new IPE. If a participant transfers their Ticket from the Agency, no further services will be authorized until an agreement is reached with the EN.

### **Ticket on Demand**

SSA will mail Tickets to eligible recipients in stages for the initial Ticket release based on the last digit of the recipient’s SSN. This release will occur over several months. A recipient who is eligible for a Ticket does not need to have a Ticket in their possession before contacting providers about possible services. If an individual wants to develop a plan with us and has not received a Ticket, the individual may contact Maximus and request a Ticket be issued now. Since the Ticket itself is only symbolic, these cases can be processed under the procedures appropriate for the type of claim - pipeline or new. Maximus can issue replacements for lost Tickets if the individual feels the need.

### **Social Security Reimbursement**

**Ticket assignment is the new process through which the Agency receives payments from SSA. Cost reimbursement continues to be a method of payment along with the two new payment methods under the Ticket legislation. Having a participant’s Ticket assigned, assures the Agency of the ability to bill SSA for authorized services (in most cases).**

As a required partner in the Ticket to Work and Self Sufficiency Program, the Agency was required to select a payment system under the Ticket to Work program in addition to being able to continue to receive cost reimbursement. The Agency has selected to be paid using the milestone payment method whenever it functions as an EN. However, claims will be submitted for FY03 under cost reimbursement only.

## 8100 **Social Security Recipients Reimbursement Reporting Requirements**

8 of 10

### **Other Programs**

Rev. 2/2003

#### **Section VIII**

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An applicant's social security status must be identified during an initial interview. Applicants are to provide verification of their social security status by providing the counselor with a copy of a check stub from SSA, an award notice, or letters from SSA regarding their benefit status. Under a SVES agreement with SSA, customer data is queried to verify their SSN, surname, date of birth and type of eligibility. A query is also run against the UA database for earnings.

## 8100 Social Security Recipients Reimbursement Reporting Requirements

9 of 10

### Other Programs

Rev. 2/2003

#### Section VIII

Claims for participants identified as having received SSI and/or SSDI during the rehabilitation process and having attained SGA (\$800 for 2003) for the required 9 of 12 months, are submitted quarterly to SSA for reimbursement. SSA verifies the level of pay and the number of months worked. SSA then reimburses the Agency for direct service costs and tracking costs. The current reimbursement for administration and counseling/placement prior to case closure is \$181 a month and \$46 a month for follow up/tracking after case closure. (The reimbursement amount is based on a formula, which is recalculated annually and, therefore, changes annually.) Tracking refers to that period of time after a case is closed through the completion of the 9-month continuous period of SGA. Any month during this period of time in which we provide a post-employment service is excluded. Only direct service costs are reimbursable under PES; not tracking costs.

Counselors will continue to be contacted by the social security liaison when information is needed to support any type of reimbursement/payment claim. SSA regularly audits a sample of cases on which reimbursement has been paid and/or for which reimbursement is pending.

**Cost reimbursement and Ticket milestone payments are contingent upon Tickets being assigned to the Agency.** Cost reimbursement is the predominant payment option. However, since the Agency has selected milestones payments when functioning as an EN, payments can be received as early as the first month of employment for any of our SSA customers who have assigned their Ticket to us. Milestone payments are made for months in which the participants work at SGA level. Current milestone payments are:

<b>Milestone</b>	<b>Must occur before the first Outcome payment month, And is Achieved When the Beneficiary works:</b>	<b>SSI Ticket- Holder</b>	<b>SSDI Ticket- Holder</b>
<b>1</b>	1 calendar month above gross SGA	\$167	\$279
<b>2</b>	3 calendar months above gross SGA in a 12-month period	\$334	\$557
<b>3</b>	7 calendar months above gross SGA in a 12-month period	\$668	\$1,114
<b>4</b>	12 calendar months above gross SGA in a 15-month period	\$835	\$1,393
<b>Total of the 4 Milestone Payments Available \$2,004</b>			<b>\$3,343</b>

A valuable resource in working with individuals receiving SSI and/or SSDI is the Red Book that can be found in most offices. To make sure you have the one with the most recent updates use the SSA web site at [http://www.ssa.gov/work/ResourcesToolkit/redbook\\_page.html](http://www.ssa.gov/work/ResourcesToolkit/redbook_page.html)

The On Line Learning Center has an excellent Social Security course that includes a unit on the Ticket to Work. Fast facts, forms and other information can be found on E-Learn. You can also find valuable material on the Ticket at the Maximus web site [www.yourtickettowork.com](http://www.yourtickettowork.com).

## 8100 **Social Security Recipients Reimbursement Reporting Requirements**

10 of 10

### **Other Programs**

Rev. 2/2003

#### **Section VIII**

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For information or assistance regarding reimbursement/payments, contact the reimbursement/payments specialist at (517) 373-3975. For all other social security/Ticket issues contact your SSA Specialist or the central office specialist at (517) 373-8240.

#### **Job Aids**

Refer to Job Aid 03-01, Understanding Ticket Concepts at the back of this manual.

## State Civil Service Placement Other Programs

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### Information:

There are special procedures available for persons with disabilities to access employment with the Michigan Department of Civil Service if they are not able to compete through the standard examination process. These consist of:

- The 12-Month Trial Appointment Program
- The Return to Work of Injured Employees Programs\*
- \*The Return to Work Program is administered by the Office of State Employer, Employee Health Management. Call (517) 335-4274 for additional information.

The 12-month trial appointment process through the Michigan Department of Civil Service allows individuals with disabilities in applicant pools, under certain conditions, without participating in the appraisal process administered by the department for classification. This process is designed for persons, whose disabilities prevent them from competing, even when reasonable accommodations are provided, with other candidates in a standard written, electronic, or other appraisal process.

Applicants for the 12-month Trial Appointment must be referred and certified by Michigan Rehabilitation Services, Michigan Commission for the Blind, or VA. Individuals submitting applications directly to the Dept of Civil Services, or individuals referred by other rehabilitation agencies, are referred to authorized certifying agencies, who can certify them for the process after verification of the necessary supporting documentation.

The applicant must be self-designated as a person with a disability, as defined by applicable state and federal laws, by completing the Civil Service Form CS-944, Application for Persons with Disabilities and Request for Reasonable Accommodation in the Appraisal Process.

Applications are reviewed to determine if reasonable accommodation can assist the applicant in the written, electronic, or other appraisal process.

Applicants certified for the process must possess the required education and experience for the requested classifications listed on the Classified Civil Service Application (CS-102) and Application for Twelve-month Trial Appointment Program for Persons with Disabilities (CS-630) forms.

Applicants must be able to perform the essential functions of the classification for which they are certified, with or without reasonable accommodations. Requests for reasonable accommodations on the job may be necessary and provided by the employer.

## State Civil Service Placement Other Programs

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Applicants approved for this process are included in applicant pools in accordance with the time period established by the Department of Civil Service.

Once an applicant is appointed from the applicant pool, the 12-month probation period will serve in lieu of the written, electronic, or other appraisal process to evaluate candidates for positions in state service. Upon satisfactory completion of the probation period, permanent status may be granted. The same probationary rating methods and time periods are observed as in regular appointments. Persons with a disability who receive less than satisfactory ratings are subject to the same conditions as other employees, including separation from employment.

Appraisal methods that consist of an assessment of an applicant's education and experience are exempted from this process.

To enable successful job performance, whenever possible, sponsoring rehabilitation agencies may provide supportive services to persons with disabilities appointed under this process and to employing departments and agencies.

The Agency must submit Form CS-944, Application for Persons with Disabilities and Request for Reasonable Accommodation in the Written, Electronic, and Other Appraisal Process; Form CS-630, Application for Twelve-month Trial Appointment Program for Persons with Disabilities; and Form CS-102, Application.

The forms must include the classification and appraisal method, identification of the disability and the rationale for the certification, and signature of the counselor.

The Michigan Department of Civil Service will review the application to determine if the applicant is eligible for the program.

If the applicant is eligible for the program, the Michigan Department of Civil Service will include the applicant in applicant pools for which they are qualified, send notification letter to the applicant, and send a copy of the approved Form CS-630 application to the authorized certifying Agency counselor.

If the applicant is not eligible for the program, the Michigan Department of Civil Service will indicate rejection and the rationale for the rejection of the CS-630 application and send a copy of the disapproved CS-630 application to the authorized certifying Agency counselor.

Questions regarding this regulation should be directed to the Department of Civil Service, P.O. Box 30002, 400 South Pine Street, Lansing, Michigan 48909, (517) 373-3048 or 1-800-788-1766, or [MDCS-BHRS@Michigan.gov](mailto:MDCS-BHRS@Michigan.gov).



## **State Civil Service Placement Other Programs**

**Section VIII**

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The Michigan Department of Civil Service Forms and additional information can be located at the Michigan Department of Civil Service website at [http://www.michigan.gov/mdcs/1,1607,7-147-6877\\_9788-20157--,00.html](http://www.michigan.gov/mdcs/1,1607,7-147-6877_9788-20157--,00.html)

## **Transitional Employment Programs for Persons With Severe Mental Illness Using a Psychological Clubhouse Model Other Programs**

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**Information:**

Transitional employment (TE) addresses the challenges faced by individuals with severe and persistent mental illness; a lack of prior work experience; a work history interrupted by the onset of mental illness; and, the cyclical nature and stigma associated with mental illness. Transitional employment provides part-time entry-level or resume-building work experiences, usually of six months duration and is unique among the several supported employment options offered in psychosocial clubhouse programs. This model is a supported employment option for persons with severe mental illness. The goals of transitional employment include helping the consumer:

- Gradually build vocational skills through work experience in a variety of community settings;
- Break the cycle of hospitalizations through vocational experiences, peer support, and increased ability to recognize and seek assistance for psychiatric symptoms;
- Develop self-confidence, self-management, and problems-solving skills;
- Successfully apply core work behaviors such as socializing, coping with criticism, and working independently; and
- Ultimately, achieve permanent employment in the community as a means to community integration and self determination.

The clubhouse program is an internationally recognized model of psychosocial rehabilitation which has been widely replicated in Michigan. Clubhouse services consist of Medicaid-covered and non-Medicaid-covered service components. The Medicaid covered “Ordered Day” component consists of program participants, referred to as “members” who work side-by-side with staff to accomplish all aspects of the program’s operation. Required non-Medicaid-covered services include vocational services and supports as well as social and recreational opportunities. Clubhouses may also provide residential, and supported education services.

## **Transitional Employment Programs for Persons With Severe Mental Illness Using a Psychological Clubhouse Model Other Programs**

The focus of the clubhouse program is to provide a variety of experiential opportunities to develop skills, relationships and a sense of a supportive community that will encourage individual's recovery from mental illness and improve their quality of life over time. The voluntary aspect of participation and variable use of the program by members is an important aspect of engagement over time and empowering individual participation. Improvements in medication and medication management and shorter hospital stays have altered the original expectation that most members would require multiple TE placements over a number of years. Members may move directly from involvement in the clubhouse program into supported or competitive employment. Variations may exist particularly in areas where entry- level work is highly competitive.

### Requirements for Purchase of Transitional Employment Services

In Michigan, clubhouse programs are operated by community mental health service programs (CMHSPs) either directly or under a subcontract with non-profit human service providers. In either case, the clubhouse program must be a Medicaid-enrolled provider of PSR/Clubhouse services through the Michigan Department of Community Health. The CMHSP and its providers of mental health services must meet the accreditation standards of one of the following national accrediting bodies: Joint Commission on Accreditation of Health Care Organizations (JCAHO): CARF, or, the Council on Accreditation (COA). Finally, annual Medicaid site reviews are required under the contract's quality and performance monitoring requirements.

Transitional employment services should be purchased only from a clubhouse program which meets the following requirements, and where the Agency has a written agreement with the sponsoring CMHSP or clubhouse:

- A Medicaid enrolled clubhouse program operated either directly or by contract from an Community Mental Health Service Provider accredited by CARF, JCAHO, COA;
- A "full compliance" rating on its most recent Medicaid review conducted annually by the Department of Community Health;
- Provides extended services;
- A stated mission and philosophy that is consistent with the Agency's definition of psychosocial rehabilitation programs;
- Access to housing, transportation, and substance abuse treatment services, as needed;
- Advocacy services, including assistance with benefits (e.g., TANF, SSI, and SSDI), as needed.

## **Transitional Employment Programs for Persons With Severe Mental Illness Using a Psychological Clubhouse Model Other Programs**

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The counselor should ensure, prior to beginning a transitional employment work assignment, that the participant receives an orientation to the goals of transitional employment, including the temporary nature of transitional employment work assignments; an opportunity to define their expectations of the program and set personal goals; and information about the impact of transitional employment on benefits (including TANF, SSI, and SSDI).

The following transitional employment services can be provided separately or as a package, to meet an IPE objective.

- Development and supervision of a work site for a participant, including matching the site to the participant's capacities and interests, and employer orientation;
- Job coaching; and/or
- Vocational support services during a transitional employment work assignment, and from the time the participant enters permanent employment until the case is closed.

If needed to meet an IPE outcome, the member can be provided with vocational training or placement services after completion of one or more transitional employment work assignments. The IPE should reflect coordination with other needed supports such as ongoing membership in the clubhouse or support network.

The mental health agency and/or psychosocial rehabilitation clubhouse program is responsible for providing, as needed, emergency services, training in social skills, supervised housing, family treatment/support, the pre-vocational clubhouse (including volunteer work assignments in the club house), evening and weekend recreational activities, day treatment/day support programs, and extended services.

The participant should have a primary role in determining readiness to move from transitional employment to permanent employment. Clients should not be placed into employment status until permanent employment has been obtained.

In determining whether the individual has stabilized in permanent employment, the participant should demonstrate acceptable core work behaviors, self-management skills, and skill in accessing needed support services, including extended services. The participant should also be receiving extended services.

The following definitions apply to this service delivery model:

## **Transitional Employment Programs for Persons With Severe Mental Illness Using a Psychological Clubhouse Model Other Programs**

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***Extended Services*** - These services are the responsibility of the mental health organization. They include counseling, psychotherapy, medication prescription and monitoring, and other traditional mental health services. In addition, they include such non-traditional services as peer counseling, budgeting and financial counseling, help in using social and community services, skill building in household management, long-term employment support groups, crisis intervention, social skills development through recreational and community activities, development of conflict resolution skills and help in building friendships and support systems.

***Job Coach (Transitional Employment Coordinator)*** - The role of the job coach in transitional employment programs involves less skill training than in other supported employment programs -- consumers typically have the cognitive skills needed to learn job routines. The coach may provide information and feedback on interpersonal and behavioral issues, provide crisis intervention, and assist in problem solving. Typically the coach is involved most intensively during the first days of the assignment, then may be involved only a few hours each week. The job coach is also responsible for maintaining a relationship with the employer.

***Pre-Vocational Services*** - These services are provided by the clubhouse psychosocial rehabilitation program. They differ from traditional pre-vocational services that are based on the results of standardized assessments. Rather, vocational readiness is developed by clubhouse members increasing participation in the completion of the day-to-day tasks necessary for clubhouse program operations. Confidence in communication and relationship skills is developed as staff and members work side by side. Prevocational learning is individualized, experiential and relational rather than a formalized group process typical of other models of work adjustment. Traditional evaluation is replaced by activities within and on behalf of the clubhouse, as well as by the initial transitional work assignments.

Within this setting, vocational preferences and goals related to work are identified through a person-centered planning process. A person centered individual planning process and treatment plans address member goals and interests including work preferences, development of a particular set of skills or improving the social skills necessary for successful work experience. In addition members who have worked or are involved in a work experience provide peer role models for other members within the clubhouse program. Clubhouse vocational services include activities that enable the consumer to determine vocational preferences, readiness for placement at a transitional employment site, and needed support services.

***Transitional Employment Work Assignment*** – A part-time job in a community employment setting which is not intended to be a permanent placement for the assigned individual. Typically the job requires only short-term training. It is recommended that the assigned individual works at least 15 hours per week, remains at the site for approximately six months, and, is paid the entry level wage for the position. Other clubhouse members and/or staff may be trained and serve as a back-up if the assigned member is unable to work.

**Transitional Employment Programs for Persons With Severe  
Mental Illness Using a Psychological Clubhouse Model  
Other Programs**

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Members, staff, and employers should participate in an orientation to assure understanding of the transitional nature of the positions and the goals of the program.

The clubhouse is responsible for ensuring that the job is done by either the job coach, another trained member or clubhouse staff if the assigned member is not able.

***Vocational Support Services*** - These services may be arranged, provided, or purchased by Agency counselors. Services are scheduled at times when participants are not at the work site and can be provided through the time of case closure. Services include support groups with a vocational emphasis, training in problem solving and groups that focus on problems solving skills, and other activities that focus primarily on supporting success on the job.

## Vocationally Handicapped Certification Other Programs

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### Policy:

Individuals may be certified by the Agency for Vocationally Handicapped Certification if they meet the following criteria:

- Have a medically certifiable heart, back, epilepsy, or diabetes disability;
- Are unemployed at the time the Worker's Certificate is issued;
- Have no pending job offer; and
- Are able to establish that they have been rejected for employment because of the disability.

### Procedure:

Although there are no specific recency requirements for medical records used to determine eligibility for Vocationally Handicapped Worker Certification, rehabilitation counselors shall determine whether available medical records are adequate to assess the applicant's current condition. Some conditions improve over time; for example, medical records which are several years old may not be adequate to diagnose a current back condition when the applicant's previous diagnosis was acute back sprain, from which s/he has recovered and become asymptomatic. Eligibility may not be based on history of a condition which no longer exists.

Based on federal regulations, medical evaluations may not be purchased for persons who request only Vocationally Handicapped Worker Certification. It is not necessary to open a case for these persons. Instead, a file folder, labeled "Vocationally Handicapped Only," shall be established for each P.A.183 applicant. Certification records for individuals who are not clients are stored and shipped in accordance with the **Case Storage and Shipping Instructions** outlined in this document.

Applicants for P.A. 183 certification must provide documentation that they have been turned down for employment because of their disability in order to demonstrate that their impairment is a "substantial obstacle to employment," as required by P.A. 183. Individuals who already have an offer of hire will not be certified as they are not considered to have a substantial obstacle to employment. Employer rejection may not be assumed for an individual who has not been in the labor market. An individual cannot be certified until there has actually been a denial of employment for disability related reasons.

Individuals who are eligible for extended assessment or for vocational rehabilitation services and have not had a job offer are not required to provide documentation of employer rejection.

## Vocationally Handicapped Certification Other Programs

Any individual, firm, facility, or organization who is potentially liable for a claim under the Michigan Workers' Disability Compensation Act can request an employer certification.

Employers not potentially liable under the Michigan Workers' Disability Compensation Act are not eligible for certification. Only those employers found eligible under Michigan's jurisdiction are afforded the protection of Chapter 9.

A Vocationally Handicapped Worker's Certification should be completed prior to placing an individual in on-the-job training or on-the-job evaluation. If the worker certification is not completed prior to the initiation of evaluation or training, a community rehabilitation program or employer would not meet eligibility requirements and, therefore, would not qualify for employer certification.

### Vocationally Handicapped Worker's Certificate Procedure

The Vocationally Handicapped Worker's Certificate also known as a Wallet Card (RA-4476A) may not be issued after employment has begun. *Only counselors and managers may sign certificates.* Other staff may gather data and complete case recording and follow-up.

To document eligibility, the counselor must:

1. Obtain medical information to confirm the individual's disability.
2. Complete Part I of the Application for Vocationally Handicapped Certification Form (RA-70).
3. Obtain the Applicant's signature or, as applicable, the signature of the legal guardian or parent and date of signature. The Applicant's signature affirms that he/she is unemployed and allows the agency to forward records from his/her closed case record to the Vocationally Handicapped Provision of the Second Injury Fund for storage at the time the case record is scheduled to be destroyed. These records will be used to document that a disability was certified, if a claim is filed at a later date.
4. Obtain the employer's signature, position and date of signature in Part II as confirmation the Applicant was not hired due to inability to perform the job because of the disability checked in Part I.
5. Submit the RA-70 with the case record to the designated District Certificate Authorizer; i.e., either the counselor or the manager.

Part III.A. of the Application for Vocationally Handicapped Certification (RA-70) should be completed by the Authorizer on the same date that Part I is completed. If it is completed later, the counselor must obtain an updated, written verification of unemployment from the Applicant. The Authorizer must review the case record to ensure eligibility before completing and signing Part III.A.



## Vocationally Handicapped Certification Other Programs

After Parts I-III of Form RA-70 have been completed, a Vocationally Handicapped Worker's Certificate (RA-4476A) may be issued to the Applicant. The Certificate must be completed and signed by the Authorizer before it is issued to the certified individual.

The Vocationally Handicapped Worker's Certificate expires two years after the issuance date. It must be renewed to continue certification. If a new certificate is requested, the same procedures must be followed as for original certificate, including completion of an RA-70.

Once you have completed the Vocationally Handicapped Worker's Certificate, log the activity using the RA-76 - Vocationally Handicapped Certificate Log.

### Vocationally Handicapped Employer's Certificate Procedures

Only counselors and managers (Authorizers) may sign Vocationally Handicapped Employer's Certificates (RA-4476). Other staff may gather data and complete case recording and follow-up.

*Note: Individuals who are eligible for vocational rehabilitation services or Extended Assessment and have not had a job offer are not required to provide documentation of employer rejection. Therefore, Part II of RA-4476 would not need to be completed for those individuals.*

1. The issuing counselor must complete Part I and II of the Employer's Certificate Form (RA-4476). The date must be the same on the RA-70, Part III.B. and RA-4476, Part II.
2. The Authorizer must review the certification documents to ensure their accuracy and completeness before signing and dating Part II of the Vocationally Handicapped Employer's Certificate (RA-4476).
3. Issuance of the Employer's Certificate must be recorded on the Vocationally Handicapped Worker's Certification Log (RA-76).
4. The counselor must ensure delivery of the RA-4476 to the employer as indicated in PART III.B. of the RA-70. It may be necessary to follow up with the employer to ensure timely return of the completed RA-4476 form. One certified follow-up letter is required to notify an employer to return the certificate within 60 days of hire and the consequences of not doing so. Form RA-4478 may be used to complete this follow-up. Follow-up attempts must be documented in the case record or Vocationally Handicapped Fund file and on the RA-70, Part III.B.
5. Once the completed certificate has been received, the counselor must review it for accuracy and completeness. The date it was received and judged accurate and complete must be recorded on the bottom of the RA-4476 using a date stamp.
6. The employer must be notified in writing that the certificate has been received unless it was returned by certified mail. Written notification to the employer must be recorded in Part III.B. of the RA-70.

## Vocationally Handicapped Certification Other Programs

7. The District Office retains a copy of the Employer's Certificate that has been stamped "Copy" in the master file. A copy that has been stamped "Copy" must also be sent to the Second Injury Fund, Vocationally Handicapped Provision, 7201 West Saginaw Highway, Suite 110, Lansing, Michigan 48917. *(If you are using pre-printed, 3-part forms ordered from the DMB Materials and Management Warehouse, the white copy goes to the employer, the canary copy goes to the Second Injury Fund Vocationally Handicapped Provision and the pink copy is placed in the master file.)*

### Vocationally Handicapped Certificate Log – RA-76

The Vocationally Handicapped Certificate Logs must be kept **permanently** by each district office, which provides the district office the ability to communicate the date of transfer of an inactive file to the Second Injury Fund. Additionally, once a year when requested, the Vocationally Handicapped Certificate Log will be forwarded to Central Office for tabulation of Vocationally Handicapped Employer and Worker Certificate numbers.

### Case Storage and Shipping Instructions:

A separate manila file folder must be set up for each **"Vocationally Handicapped Only"** non-client and client record. (A non-client record is a case that is not opened in AWARE.) When a case is opened in AWARE, the manila file folder is maintained with the regular case record until the case is closed in AWARE. Then, the folder for the Vocationally Handicapped Provision (VHP) is pulled from the regular case record and stored with the other VHP folders. Folders are necessary to ensure ease of handling and prevent loss of materials during the time the VHP cases must be stored by the Vocationally Handicapped Provision (VHP files are retained for 30 years after the file becomes inactive).

The tab of the folder must be prepared as follows:

LAST NAME, FIRST NAME    DOB: 00-00-0000 SS # 000-00-0000        APPLICATION FOR HANDICAPPED CERTIFICATION
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Minimally, the folder must contain:

- The RA-70, "Application for Vocationally Handicapped Certification".
- Applicant's complete address
- Applicant's birth date
- Applicant's Social Security Number
- Medical evidence used to certify the disability(ies).

## Vocationally Handicapped Certification Other Programs

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### If Applicable:

The district copy of the RA-4476, "Vocationally Handicapped Employer's Certificate".  
A copy of the letter acknowledging receipt of the RA-4476 from the employer, or a certified mail receipt.  
Other relevant correspondence and documents.

If a Wallet Card or Employer Certificate is voided at any point in the process, the guidelines for file retention and shipping nevertheless apply.

### **Transferring VHP Files to the Second Injury Fund**

Vocationally Handicapped Provision files are retained in the district office for three years following the fiscal year in which final action was taken. In February through April, all client VHP records eligible for transfer are boxed and shipped to:

Assistant Administrator  
Michigan Department of Labor and Economic Growth  
Second Injury Fund, Vocationally Handicapped Provision  
7201 W. Saginaw Highway, Suite 110  
Lansing, Michigan 48917

Districts can order record retention boxes from the current state-contracted office products vendor. VHP records must be boxed in alphabetical order. Each box must contain an alphabetized list of the records enclosed in that box. (Note: If you don't have enough files to fill a record retention box, you may use a large envelope.) A copy of the list must be kept in your office as well. The list should identify the date you are sending the files, your district office and then each client's last name (in alphabetical order), first name, social security number and date of birth.

VHP records should be mailed to the Michigan Department of Labor and Economic Growth, Second Injury Fund, Vocationally Handicapped Provision by interdepartmental mail or certified mail.

### **Retrieval of VHP Records**

When it is necessary to retrieve a VHP file from the Fund, a written request must be sent to the assistant administrator at the Second Injury Fund at the address above or an e-mail can be sent to [funds@michigan.gov](mailto:funds@michigan.gov) requesting the VHP file. The assistant administrator will need the name, date of birth, social security number and date of transfer to the fund. Then, of course, you will need to provide your office name and address for forwarding of the file. The entire file will be sent to your office and must be returned to the Fund within 5 working days using certified mail. Since these files may be the basis for legal proceedings, it is essential that all materials are returned.

## Vocationally Handicapped Certification Other Programs

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### Information:

Vocationally Handicapped Certification (also known as PA 183 since 1972) limits an employer's liability for Workers' Compensation payments to 52 weeks per injury for any employee appropriately certified as having a heart, back, epileptic, or diabetic disability prior to hire. The Second Injury Fund pays all costs associated with the vocational rehabilitation of certified employees, from the date of injury. This legislation does not limit an employee's entitlement to benefits, but limits the number of weeks the employer is responsible for workers' compensation benefits, and eliminates the employer's responsibility for the cost of vocational rehabilitation under Section 319. If the employee is in need of vocational rehabilitation services and/or is entitled to compensation coverage beyond the number of weeks for which the employer is liable, the benefits are provided from the Vocationally Handicapped Provision of the Second Injury Fund established by the State Legislature. The Fund is maintained through an annual assessment against all self-insured employers and carriers who pay Workers' Compensation benefits in Michigan.

The Agency is designated in the legislation as the certifying agency for the Vocationally Handicapped Worker Program.

There are two types of certificates in the Vocationally Handicapped certification process.

- A Vocationally Handicapped Worker's Certificate, RA-4476-A, issued to the individual is a wallet size card that certifies that the applicant met certification criteria. It may be used to inform an employer of potential coverage once Employer Certification is completed.
- A Vocationally Handicapped Employer's Certificate, RA 4476, issued to the employer, is necessary to complete the certification process. This completed document initiates employer coverage by the Vocationally Handicapped Provisions of the Second Injury Fund.

Vocationally Handicapped Certification is authorized under Section 915 of Chapter 9 of the Workers' Disability Compensation Act.

### Forms:

Forms related to this manual item are the: RA-70 - Application for Vocationally Handicapped Certification, RA-4476 - Vocationally Handicapped Employer's Certificate, RA-4476a - Vocationally Handicapped Worker's Certificate, RA-4478 - Vocationally Handicapped Worker's Certification Letter, and RA-76 - Vocationally Handicapped Certificate Log

**Wage Deviation  
Other Programs****Policy:**

Individuals shall be placed in suitable jobs at prevailing wages as allowed by their capability and consistent with their Individualized Plan for Employment (IPE); however, wages below the legal minimum may be appropriate if they are commensurate with the individual's production rate and conform to governmental wage and hour regulations. The employer must obtain wage deviation certification.

**Procedure:**

The Federal Government issues special sub-minimum wage certificates and the State of Michigan issues wage deviation certificates. Federal and State procedures are outlined below.

**Federal Certification**

Federal certification is required for establishments to pay sub-minimum wages to workers covered by the Fair Labor Standards Act (FLSA) of 1938, as amended and who have a disability for the work to be performed.

Federal certificates are issued to establishments, which pay sub minimum wages rather than issued to individual workers, and are valid for either a 12 or 24 month period on an annually renewable basis. Employers apply for certificates by submitting Forms WH-226 "Application for Authority to Employ Workers with Disabilities at Special Minimum Wages" and WH-226A "Supplemental Data Sheet for Application for Authority to Employ Workers with Disabilities at Special Minimum Wages" to the Wage and Hour Division of the United States Department of Labor at the following address:

U.S. Department of Labor  
Wage and Hour Division  
230 South Dearborn St. Room 530  
Chicago, Illinois 60604-1757  
Telephone: (312) 596-7195

Web Address for Informational Guides and Fact Sheets:  
<http://www.dol.gov/esa/sec14c/index.htm>

Approval of an application takes approximately 30-45 days. Employers applying for the first time or who have not submitted a timely renewal application must pay wages consistent with the state minimum wage, the federal minimum wage or, if there is a government contract, the Service Contract Act (SCA) wage determination rate (whichever is the higher applicable rate) for any work performed until the certificate is issued. Certificates are valid for either a 12 or 24 month period from the approval date. As a courtesy, the U.S.D.O.L. Wage and Hour Division

## **Wage Deviation Other Programs**

sends renewal applications to employers approximately 60 days prior to the expiration of certificates. Certificate holders are responsible for submitting renewal applications in a timely manner, and failure to receive a renewal application from the Wage and Hour Division is not a valid reason for failure to submit the application. Unless employers renew their certificate or obtain an extension, sub-minimum wages may not be paid beyond the expiration date.

Counselors may assist employers in completing applications for certification. Assistance can include the gathering of prevailing wage rate information in the local area, or assessing employee productivity.

On the form WH-226, a state agency or the U.S. Veterans Administration may authorize Temporary authority for the vocational rehabilitation programs they administer. This temporary authority for an employer to pay sub-minimum wages will exist for 90 days and cannot be extended or renewed by the issuing agency. This may assist counselors in arranging on-the-job evaluation or training programs, schoolwork experiences, and transitional or temporary employment for individuals who perform at non-competitive rates. Employers must apply for a regular certificate if they agree to hire an individual permanently. Applications should be submitted as soon as the decision to hire has been made rather than after the Temporary Certificate has expired, if one has been authorized.

### **State of Michigan Certification**

A Michigan Individual Wage Deviation Certification is required before an employer may pay a sub-minimum wage to a worker covered by the Michigan Minimum Wage Law of 1964. The state law applies to establishments with gross annual receipts under \$500,000.00 unless engaged in interstate commerce, and must employ at least two individuals sixteen (16) years or older.

Michigan wage deviation certificates are issued for individual workers rather than for all employees of the certified establishment, and are renewed annually. An employer requests certification for a specified employee and wage rate on an "Application for Individual Wage Deviation Certification". The application is signed by both the employer and employee, and mailed to:

Michigan Department of Labor & Economic Growth (DLEG)  
Wage & Hour Division  
PO Box 30476  
Lansing, MI 48909-7976  
Telephone: (517) 335-0400

Web Address for Informational Guides and Fact Sheets:  
<http://www.michigan.gov/cis/0,1607,7-154-27673---,00.html>

## Wage Deviation Other Programs

Applications for deviated wage certification are forwarded to the Michigan Rehabilitation Services (MRS) Policy unit, along with a "Wage Deviation Appraisal Report" by the DLEG Wage and Hour Division. The "Wage Deviation Appraisal Report" form is forwarded to the local MRS district office to be completed by a counselor within two weeks. The counselor may open a case file to purchase diagnostic services if needed to appraise the work capacity of a non-client.

Prior to completing the "Wage Deviation Appraisal Report", the counselor is required to conduct an on-site appraisal of the worker's productivity, and determine the resulting commensurate wage rate. The counselor then recommends whether the employer's proposed wage rate should be approved, modified, or denied. The signed "Wage Deviation Appraisal Report" is forwarded to the MRS Policy Unit for review and returned to the DLEG Wage and Hour Division. The Wage & Hour Division determines approval of a wage deviation application.

### Information

A "commensurate" wage is that which reflects the productivity of the worker with a disability proportionate to both the productivity and prevailing wages of non-disabled workers performing similar work. If, for example, a housekeeper with a disability cleans only half as many rooms per shift as non-disabled housekeepers who receive \$9.00 per hour, the commensurate wage would be 50% of the prevailing wage, or \$4.50 per hour.

Both federal and state certifications require the employer to document worker productivity and prevailing wages for the types of work being performed at sub-minimum rates. Employers must also periodically adjust deviated wages to reflect changes in performance, or in the wages being paid to local non-disabled workers performing similar work. If such adjustments result in a wage that meets or exceeds the minimum wage, certification is no longer necessary.

Establishments may use the prevailing wages paid to their own non-disabled employees when computing a commensurate wage rate. Employers who hire disabled workers only, must use a prevailing wage, which is representative of the local economy. In either case, the sources from which prevailing wage information is obtained must be documented.

### Forms:

- ✓ WH-226 – Application for Authority to Employ workers with Disabilities at Special Minimum Wage
- ✓ WH-226A – Supplemental Data Sheet for Application for Authority to Employ Workers with Disabilities at Special Minimum Wages
- ✓ RA-8200a – Application for Individual Wage Deviation Certification
- ✓ RA-8200b-temp – Wage Deviation Appraisal Report

## **Workers Disability Compensation Other Programs**

1 of 2  
Section VIII

Rev. 1/2000

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### **Policy:**

Applicants for Agency services who are receiving Workers' Compensation benefits should be referred to the Agency's Disability Management Program. A case shall also be referred to the Disability Management Program if an insurance carrier elects to pay for rehabilitation costs during litigation.

### **Procedure:**

Individuals with Workers' Compensation claims may be served in the Agency's General Program if:

- The claim is in litigation,
- The claim has been redeemed, or
- They are receiving Workers' Compensation, but it has been determined by the Disability Management Program that they require rehabilitation services that are not the responsibility of the insurance carrier or self-insured employer.

Form RA-140, Workers' Disability Compensation Case Information Report is required to be sent to the Bureau of Worker's Disability Compensation when a case is opened in the General Program, if the case is in litigation or the case will be served concurrently in the Disability Management Program.

The client's written permission should be obtained to exchange any information, other than the RA-140, with the Bureau of Workers' Disability Compensation.

### **Information:**

Under the Michigan's Workers' Compensation Act, injured workers are entitled to weekly benefits and medical and vocational services if the employer is legally responsible for the injury.

For consultation and assistance, the Vocational Rehabilitation Division, Bureau of Workers' Disability Compensation can be contacted at:

Department of Consumer & Industry Services  
Workers' Disability Compensation Bureau  
P.O. Box 30016  
Lansing, Michigan 48909  
1-(888) 396-5041



## **Workers Disability Compensation Other Programs**

2 of 2

**Section VIII**Rev. 1/2000

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Staff of the Agency Disability Management Program can also be consulted.

A litigated case is one that is involved in some type of legal proceeding. If a dispute occurs, the claimant (client) or the carrier may petition for a hearing before a magistrate. This dispute might revolve around the injury itself, the payment of weekly benefits, the provision of vocational rehabilitation services, or other issues.

Carriers cannot be required to provide vocational rehabilitation in those cases where they have filed for a hearing to determine their responsibility to provide Workers' Compensation benefits.

Neither is a carrier obligated to provide vocational rehabilitation in those cases where an order to pay Workers' Compensation is appealed and awaiting a decision.

Counselors can call the Vocational Rehabilitation Division of the Bureau of Worker's Disability Compensation to determine the status of an individual's claim.

Individuals whose cases are redeemed receive a complete and final cash settlement. The carrier is not responsible for further costs. The client and counselor should determine the client's ability to contribute to rehabilitation costs from the settlement.

Under the Workers' Disability Compensation Act (Section 418.319) employers and insurance carriers are responsible only for services needed to address the work-related injury. They are not responsible for services needed to address other disabilities or for services to family members. They may not be responsible for training programs of more than 52 weeks.

### **Forms:**

The form related to this manual item is the RA-140 - Workers' Disability Compensation Case Information.

**Purchased Services**  
**Fiscal Processes**

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**Policy:**

All purchased services for applicants or eligible individuals shall be authorized prior to or simultaneously with the initiation of services and according to all legal, State purchasing and Agency requirements.

Only vocational rehabilitation services for individuals that are required to determine eligibility and vocational rehabilitation needs, develop an IPE, or implement an IPE or IPE amendment may be purchased.

The counselor shall not authorize for services that have been completed, or for bills that were previously incurred.

**Procedure:**

The justification for an authorization of agency funds must be documented in an AWARE Case Note.

Purchased services after an IPE has been developed require an IPE Amendment when they meet the criteria for an IPE Amendment identified in Policy 5150, IPE Amendment.

Authorizations must be paid in full prior to case closure.

## **Rates of Payment Fiscal Processes**

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### **Policy:**

The maximum rate of payment for services shall be the usual, customary and reasonable (UCR) rate charged for the service not to exceed that charged other public agencies. The service that will meet the individual's vocational rehabilitation need at the least cost to the Agency shall be the service purchased. The Agency shall not place an absolute and arbitrary dollar limit on specific service categories or on the total services provided to the individual.

The Agency shall not be responsible for the cost of out-of-state services in excess of the cost of in-state services if either service would meet the individual's vocational rehabilitation needs.

### **Information:**

When a lower rate than UCR is charged to other public agencies for a service, the lower rate is the rate to be paid.

The interaction between consumer informed choice and the policy on rates of payment is detailed in procedure related to Policy 2250 on Informed Choice.

When an individual chooses a service or service provider whose cost is higher than another service or service provider that will also meet the individual's vocational rehabilitation need, the counselor is not required to pay the higher cost because it is the individual's choice. Individuals have the right to choose a higher cost service or service provider. One of the disadvantages of that choice is that Agency payment will not exceed that of the lower cost service or service provider that also meets the individual's vocational rehabilitation need. The individual or other resources are responsible for the difference.

**Service Provider Standards**  
**Fiscal Processes**

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**Policy:**

Service providers from whom the Agency purchases services shall be licensed, certified, registered, or accredited as applicable for the occupation, facility or service to be provided. In the absence of these requirements, other equivalent competency assurances are required. Any facility in which services are provided shall meet the accessibility standards required by law, have staff or make arrangements to meet the special communication needs of applicants or eligible individuals, shall take affirmative action to employ and advance in employment individuals with disabilities and assure the Agency that policies and procedures are in place to prevent fraud, waste and abuse.

## **Independent Contractors Fiscal Processes**

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### **Policy**

Independent Contractors are persons who are employed and paid directly by the applicant or the eligible individual for whom they provide a service. Such arrangements may be needed for legal or tax reasons and/or to advance self-direction for individuals with the most significant disabilities. Examples are life skills coach, personal care attendant, job coach, mentor, and advisor.

### **Procedures**

These providers and services have arisen due to the intensive nature and scope of services which may be necessary for persons with the most significant disabilities to take their place in the competitive work environment. Such services generally do not have a national or state credentialing standard. If no provider standards exist for these service providers, they shall meet minimum education and training requirements for their practice. Training for such services is often offered by community service organizations, such as United Cerebral Palsy and community mental health providers, or may be available through a university or community college. Any assistants whom the independent contractor hires shall be qualified to perform the duties assigned.

The independent contractor assumes all fiscal obligations and must maintain liability insurance. When the individual and counselor decide on a service and provider requiring independent contracting, the individual and the independent contractor are to agree on services to be provided and payment for the service. The counselor may assist in reaching an agreement with the independent contractor, if called upon by the eligible individual. If the Agency assists in making payment to the individual to support the services of an independent contractor, a copy of a signed purchase agreement must be in the case record. If the service is being provided as part of the employment goal, the service must be included in the IPE.

Each service shall be separately documented with a Purchase of Service Agreement, RA-4589 for a specific service, over a specified period of time at a pre-determined cost. The counselor shall maintain a copy of any such Agreement in the individual's service record.

### **Information:**

Independent contractors, by definition, are not employed by, or under contract to an accredited rehabilitation facility or other private or public entity which assumes liability for its employees and/or persons under contract. They perform work or provide a service for which there is no national or state approved or recognized standard, and the services they provide do not fall within the scope of practice of other occupations for which a service or national standard exists.

### **Forms:**

**Independent Contractors**  
**Fiscal Processes****Section IX**

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The form related to this manual item is the RA-4589 – Purchase of Service Agreement.

## **Purchase of Services and Priority Order Fiscal Processes**

3/1997

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### **Policy**

Services for clients shall be purchased in the following priority order:

1. An individual authorization to vendor
2. A direct or recurring payment to a client, when a vendor authorization is not possible
3. Use of the emergency payment fund, when neither a vendor authorization nor direct authorization are possible
4. Use of a third party, when none of the above are possible.

#### **Procedure:**

The case record shall document the rationale for an exception to the priority order.

## Authorization to Vendor Fiscal Processes

8/2007

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### Policy:

Authorizations to vendors are the primary means of purchasing services for individuals. It is federally required that they be issued prior to or simultaneously with the initiation of services.

### Procedure:

The vendor must be registered in MAIN before a payment can be processed.

The following information is necessary to generate an Authorization and Billing Form, RA-Z40:

- The beginning and ending dates of each service (the actual projected end date shall be used whenever possible);
- Budget to be used;
- The name of the vendor who will provide the service(s);
- Where the authorization is to be mailed (i.e. individual, vendor, or other location);-
- A service category and detailed written description of the good(s) and/or service(s) to be provided;
- The amount authorized per service;
- Cost of each specific unit of service and the number of units authorized;
- AWARE vendor authorizations shall be issued as a one-page document.

The authorization, including amended authorizations, shall be signed by the primary counselor of the caseload or any counselor or supervisor on the caseload group. The signature also verifies the accuracy of the authorization. Counselors may not sign an authorization that exceeds their approval authority (security limit).

Three copies of the authorization are to be printed. Two copies are sent to the vendor, one copy stays in the file.



## **Authorization to Vendor Fiscal Processes**

8/2007

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### **Authorization Amendment**

#### **1. Adding an additional service to an authorization**

Services that are added to an authorization must be authorized prior to the service being rendered. To add a service to an authorization, the authorizer must document:

- the justification for the additional service in a case note,
- a description of the service to be added,
- the beginning and ending dates of the service, and
- the amount of the added service.

#### **2. Increasing an authorization**

An increase of an authorization must be authorized prior to the service being rendered. To increase an authorization, the authorizer must document:

- the justification for the increase in a case note, and
- the amount of the increase.

Increases may only be for the service originally authorized and within the same fiscal year, and should be approved by the counselor in advance. Increases that cause the total amount to be of an authorization to exceed the authorizer's approval level, must be approved by a manager with the appropriate approval level.

#### **3. Decreasing an authorization**

To decrease an authorization, the authorizer shall document in a case note:

- the specific service(s) to be adjusted, and
- the amount and type of adjustment.

#### **4. Canceling an authorization**

To cancel an authorization, the authorizer shall document in a case note:

- the specific service(s) to be cancelled, and
- the reason for the cancellation.

The customer "signature is required" box must be checked in those instances when only the individual can verify that a good or service has been received or provided, or no other formal documentation can be provided to verify that a good or service has been received. The

## **Authorization to Vendor**

### **Fiscal Processes**

**Section IX**

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“signature is required” box need not be checked when other documented verification that the individual is to receive the intended good or service will be produced by the vendor, such as an invoice or receipt signed by the customer, or a written report written by the vendor.

**Letter of Intent  
Fiscal Processes**

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**Procedure:**

When circumstances do not permit an authorization to be issued prior to the start of a service, an interim letter of intent or a verbal authorization shall be given to the vendor. Verbal authorizations shall be followed up in writing no later than one working day. Letters of intent shall include the service(s) being authorized, the dates of service(s), the amount authorized, and be signed and dated by the counselor. An RA-Z40 authorization shall be sent as soon as possible to complete the authorization process.

## Retroactive Authorizations Fiscal Processes

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**Procedure:**

Retroactive authorizations are prohibited.

**Procedure:**

A retroactive authorization is one that is issued after services have been initiated or received. Since this is prohibited by federal regulations, a retroactive authorization constitutes an audit exception that could result in the forfeiture of Agency funds unless prior written or verbal approval was given to the provider. A retroactive authorization may be issued only when oversight or other unavoidable circumstances prevented the authorization from being issued in a timely manner. Retroactively issued authorizations must be accompanied by a case note that documents the reason why the authorization was retroactive, and steps to be taken to correct the recurrence of such an audit exception.

Site Manager approval and signature on retroactive authorizations is required.

## **Billing – Payment for Services Fiscal Processes**

8/2007

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### **Policy:**

The counselor must verify that the authorized good(s) or service(s) have been received and are satisfactory before approving payment.

### **Procedure:**

#### **Verification of Receipt and Approval for Payment**

Prior to approving a billing document for payment, the billing needs to be reviewed for completeness and accuracy as described below:

- The amounts and dates of service entered by the vendor are accurate;
- The billing reflects the receipt of the specific goods or services authorized;
- The applicant or eligible individual has signed the billing, if required, to attest to receipt of the goods or services;
- The vendor has signed the billing in ink (rubber-stamp signatures are not accepted) or attached a separate company/vendor billing document;
- In the event a vendor faxes a signed Authorization For Purchase, an original signature should always be obtained and made a part of the case record, as stated in Manual Item 2325.
- Information requested from the vendor (itemized lists, reports, etc.) has been received; and
- The Partial Billing/Final Billing box has been marked for each service code. If final billing is checked, any remaining balance for that service will be canceled.

The individual's signature or witnessed mark is required on the RA-Z40, or an attached document, to verify that services were received and satisfactory, except when another document or report, which substantiates that the authorized services were provided, is submitted. For example, written supporting documentation is usually available and acceptable for the following services:

- Medical, psychiatric, or psychological evaluations;
- Hospitalization and related services (i.e., copy of hospital records);

## Billing – Payment for Services Fiscal Processes

8/2007

- Community rehabilitation program services; and,
- Postsecondary training and adult education services (i.e., grade reports).

The amount approved for payment must reflect the extent to which authorized goods or services were rendered or delivered. When goods or services were not rendered to the extent authorized, amounts approved for payment should be adjusted accordingly. Payment for missed appointments may not exceed 50 % of the amount authorized. If the amount billed by the vendor for any service is not approved by the counselor, the counselor should contact the vendor to reconcile the difference(s) before signing the billing. A case note shall document the contact with the vendor, the outcome, and the amount approved.

When services to family members are provided, the signature of the family member receiving the service is required. If the family member is a minor, the parent or guardian shall sign the billing document.

If the counselor is unable to locate the applicant or eligible individual, the counselor may sign the on behalf of the individual after it has been verified that the service was provided. When the counselor signs on behalf of the individual, a casenote shall document efforts to locate the individual and the fact that the counselor signed their name verifying that goods were received or services were provided.

### *Exemption from Sales Tax*

The Agency is exempt from paying the federal excise tax; the tax exempt number is printed on the RA-Z40. The Agency is also exempt from Michigan Sales Tax according to Rule 29 of the General Sales and Use Tax Rules. However, the Agency is not exempt from various federal taxes such as the U.S. transportation tax on airline tickets.

### *Authorization Amendment*

Services that are added to an authorization must be authorized prior to the service being rendered. The authorizer must document, in an AWARE case note:

- the justification for the addition,
- the specific service to be added,
- the beginning and actual anticipated ending date of service, and
- the dollar amount of the added service

## Billing – Payment for Services

### Fiscal Processes

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A case note shall reflect the reason that any amount was approved on a final bill that exceeds the amount authorized by more than \$10 or 10% of the original (whichever is the larger amount) for a service.

Increases may only be for the service originally authorized and within the same fiscal year, and should be approved by the counselor in advance. Increases that cause the total amount of an authorization to exceed the authorizer's approval level, must be approved by a manager with the appropriate approval level.

AWARE permits the following authorization information to be amended:

- End date of services,
- The fund source,
- Change of a service or add addition of a service,
- The units of purchase and/or rate of purchase.

When any such change is made, an AWARE case note shall document the rationale.

To cancel an authorization in AWARE:

- Find authorization using Authorization Browse data page in AWARE and
- Click authorization actions menu, select cancel.

#### *Receipt of Payment by Vendors*

Vendors will receive payment approximately five working days after payment is processed.

A single vendor check may include payments for one or more applicants or eligible individuals if payment were processed on the same day for that vendor. When payments are combined, the check stub will list individual names, authorization numbers, payment amount per authorization, and the vendor invoice number, if provided by the vendor on the billing document and entered in the AWARE during the billing process.

The payment browse screen displays the amount, voucher number and payment date.

## Direct and Recurring Authorization Fiscal Processes

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### Policy:

Direct and recurring payments may be authorized to individuals for maintenance, transportation, and personal care assistance services, and other services when vendors cannot be found who will accept an authorization for the good or service in question.

### Procedure:

A case note shall document the justification for the use of direct or recurring payments and the basis for the amounts authorized.

All direct and recurring authorizations are entered in AWARE as transportation, or maintenance or personal assistance. In those instances where the direct or recurring mechanism in AWARE is used for other services, the case note shall identify the service and the reason a vendor authorization could not be used.

The maximum payment to an individual using a single or recurring authorization cannot exceed \$500 per day. Preparing a direct or recurring payment authorization requires the following information to be entered in AWARE.

- The beginning date of authorization,
- Fund source
- Warrant mailing location: Checks may be mailed to: the individual's mailing address as registered in AWARE, the office of the primary counselor, or Michigan Career and Technical Institute.
- A service category and detailed written description of the good(s) and/or service(s) to be provided;
- The total amount authorized for each service,
- The frequency of payments for recurring authorizations (i.e., weekly, bi-weekly or monthly) for each service,
- The amount of a check, or checks
  - AWARE direct or recurring authorizations shall be issued as a one-page document.



## Direct and Recurring Authorization Fiscal Processes

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A Notice of Payment to Participant letter generated through AWARE shall be sent to individuals prior to receipt of their first recurring payment check to advise them of the terms and conditions of their recurring payment checks.

A case note shall document the justification for the use of recurring payments and the basis for the amounts authorized. The basis for the amount authorized provides detailed information specifying how the amount was arrived at.

Counselors shall periodically validate the continuation of recurring payment checks by verifying the individual's status for which checks were issued. The "Open Authorization Report" should be run weekly or biweekly for this purpose. To terminate or interrupt recurring payments to individuals, the appropriate amendments or cancellations must be entered in AWARE and in a case note documenting the termination and reason for it.

The State Treasury Department disburses checks according to instructions provided by the district office. Direct or Recurring payment checks are mailed to the location indicated on authorization screen according to the payment schedule entered. Five to seven days should be allowed for delivery of the first check.

### Information:

**Direct Authorization:** An authorization written to the individual for a one-time check that will be mailed by the Department of Treasury or a one-time check that is covered through the Emergency Warrant process.

**Recurring Authorization:** An authorization written to the individual for weekly, bi-weekly or monthly checks.

## **Emergency Payment - Direct Authorization**

### **Fiscal Processes**

**Section IX**

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**Policy:**

Emergency manual warrants may be issued only to provide or support vocational rehabilitation services that are essential to determine eligibility and vocational rehabilitation needs, develop an IPE, or implement an IPE or IPE amendment, when no other method of purchasing these services is possible.

To comply with State Accounting Rules, the district's Emergency manual warrants shall be used only to meet an applicant or eligible individual's immediate emergency vocational rehabilitation needs. Emergency manual warrants cannot be used if a vendor will accept a regular authorization. Emergency manual warrant procedures shall be used when the vendor is the State of Michigan.

**Procedure:**

When used to purchase maintenance or transportation, or any other vocational rehabilitation service, policies and procedures pertaining to these services must be followed.

A case note shall document the justification for the use of the emergency manual warrants procedure and its casework purpose.

The maximum amount for which a check can be written is \$500 per day per applicant or eligible individual. Refer to the Fiscal Process Manual for procedures regarding processing of emergency manual warrants.

Emergency manual warrants can be used to provide services to family members under the same conditions as to an individual.

Emergency manual warrants are used when making payments to other State of Michigan departments.

**Third Party Authorizations**  
**Fiscal Processes****Policy:**

A third party can be used to vend cash to an applicant or eligible individual to purchase a needed service only when the service provider will not accept an Agency authorization, there is no other vendor available to provide the service, and direct payment or emergency payment cannot be used.

A third party may not be used as a secondary purchaser of goods or services for applicants or eligible individuals.

All policies related to purchase of services must be followed.

## Competitive Bids and Price Quotations

### Fiscal Processes

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#### **Procedures:**

Written, competitive bids are required by State of Michigan Accounting Rules for the purchase of all goods and services that cost \$500 or more, except specially constructed or prescriptive devices that instead require a price quotation. (Hearing Aids are an exception for prescriptive devices – see item on Hearing Aids)

Form RA-4587 can be used to request a bid or quotation. The vendor may provide the bid on the RA-4587, a company form, or on letterhead stationery. Current published lists or catalogs from vendors can be used in place of bids.

When obtaining competitive bids, it is required that vendors be provided with identical written specifications. If warranties are to be included, they are to be stated in the specifications.

Three written bids for identical specifications are required unless there are not three vendors who can provide the item(s) as specified. The lowest bid should be selected unless the individual prefers a vendor who is not the lowest bidder and agrees to pay the additional cost, or it would be an undue hardship in terms of travel time or extra costs for the individual to obtain the service from the lowest bidder.

Price quotations may be obtained in writing or by telephone. Telephone quotations shall be documented in the case record and substantiated by the vendor's invoice.

When requesting quotations for prescriptive or specially constructed devices, counselors shall provide vendors with copies of prescriptions and/or specifications.

#### **Information:**

##### **Competitive Bid:**

A competitive bid is a vendor's written offer to provide an item at a stated price according to specifications. Bids are used to compare prices between different sources to select the best value. Bids are usually legally binding for the period of time specified by the vendor (generally 30 days). If selected to provide the item(s), the vendor is responsible for providing it at the stated price.

Material relative to the competitive bid process must be retained in the case record.

## Competitive Bids and Price Quotations

### Fiscal Processes

8/2007

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#### **Price Quotation:**

A price quotation is a vendor's statement of the current price of an item. Quotations are used to verify costs prior to authorizing purchase, and to validate billings. Unlike bids, quotations may be based on general descriptions of items and are not legally binding.

#### **Forms:**

The form related to this manual item is the RA-4587, Request for Bid/Quotation.

**Approval Authority  
Fiscal Processes****Policy:**

Agency staff may not exceed their delegated approval authority in authorizing for goods or services.

**Procedure:**

The district manager is responsible for delegating approval authority for authorizations to counselors on an individual basis, within the limits set by AWARE staff security guidelines. Delegated authority is documented through the “AWARE Access Request” forms maintained at MRS Central Office.

Staff Security Guidelines for AWARE may be referenced on the MRS shared “i” drive. Exception may be requested via an “AWARE Staff Access Request” form and are approved by authorized Agency personnel.

The use of separate authorizations to purchase the same goods or services in order to avoid approval authority limits is prohibited.

## Services to Groups of Clients

### Fiscal Processes

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#### Policy:

Services to groups of clients (SGC) may be authorized for services that will substantially contribute to vocational rehabilitation outcomes, but are not directly related to individual client rehabilitation programs.

#### Procedure:

A group of clients is defined as two or more. Individuals who are not Agency clients may also benefit from the services, but the primary beneficiaries shall be clients. Services that may be authorized for groups of clients are the same as that which may be provided to individual clients, as well as those specifically designated in the Rehabilitation Act of 1973, as amended, for groups of individuals with disabilities.

The SGC authorization is to be issued when rehabilitation needs cannot be addressed in any other way. This process does not replace the community rehabilitation organization construction and establishment grants, nor innovation and expansion grants. Neither does it replace requirements for the use of comparable benefits and services before Agency funds are used.

Services may not be provided for groups of clients that are the legal responsibility of other parties under the Americans With Disabilities Act.

An authorization for a service for a group of clients may be for a one-time occurrence, or for a time-limited service but not for continuing activities such as salary and wages or utilities.

Funds for services to groups of clients are assigned solely to the district manager. The manager is responsible for all decisions relative to purchasing services for groups of clients, the authorization process and for maintaining adequate records to support case service expenditures.

If another agency or organization is involved in the purchase of a service for a group of clients by the Agency, there must be a written agreement which:

- Describes the service(s) to be provided and how they will help achieve employment outcomes for clients;
- Estimates the number of clients to be served and the percentage this represents of the total number to be served;
- Estimates the cost to be incurred; and
- Prescribes the methods for disposal of equipment purchased by the Agency, or describes the financial adjustment when equipment is to be jointly purchased, in the event the service

## **Services to Groups of Clients**

### **Fiscal Processes**

**Section IX**

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ceases to be available to clients. Principles which govern the disposal of equipment purchased under this authority are the same as those governing the disposal of equipment by public or nonprofit agencies or organizations under the community rehabilitation organization establishment grant authority.

A file must be maintained for each purchase of a service for a group of clients that contains all fiscal documents, agreements and related correspondence and reports for audit purposes. Files should be organized by fiscal year.



**Bulk Authorizations  
Fiscal Processes****Policy:**

Bulk authorizations may only be used to purchase bus tickets/tokens/passes, orientation services, orientation interpreter services, MCTI Caps and Gowns and MCTI Drug Screenings.

**Procedure:**

- Procedures for authorization to vendor identified in RSM 9125 shall be followed.
- A record of individuals who receive services under bulk authorizations and the quantity received shall be kept in the district to provide an audit trail.
- Special Supported Employment funds may not be used as a budget source.
- Total amount of the authorization may not exceed \$10,000.-
- The Site Manager or District Manager shall sign the “Authorized Signature” field and the “Payment Approved By” field of the Authorization and Billing document. The signature also verifies the accuracy of the authorization.

## **Data Codes:**

Data codes are defined and expanded on for better understanding and recording of data elements specifically related to RSA 911 data requirements. The AWARE manual explains how to enter the data and when, this expands the definitions.

## **Policy:**

## **Procedure:**

In Section 2 of the Personal Information section in AWARE, there are 83 Michigan counties with a default setting to “not completed” and an “unknown” option. The county selected shall be the county that the participant lives in. The Michigan counties are:

Alcona	Keweenaw
Alger	Lake
Allegan	Lapeer
Alpena	Leelanau
Antrim	Lenawee
Arenac	Livingston
Baraga	Luce
Barry	Mackinac
Bay	Macomb
Benzie	Manistee
Berrien	Marquette
Branch	Mason
Calhoun	Mecosta
Cass	Menominee
Charlevoix	Midland
Cheboygan	Missaukee
Chippewa	Monroe
Clare	Montcalm
Clinton	Montmorency
Crawford	Muskegon
Delta	Newaygo
Dickinson	Oakland
Eaton	Oceana
Emmet	Ogemaw
Genesee	Ontonagon
Gladwin	Osceola
Gogebic	Oscoda
Grand Traverse	Otsego
Gratiot	Ottawa
Hillsdale	Presque Isle
Houghton	Roscommon

Huron	Saginaw
Ingham	St. Clair
Ionia	St. Joseph
Iosco	Sanilac
Iron	Schoolcraft
Isabella	Shiawassee
Jackson	Tuscola
Kalamazoo	Van Buren
Kalkaska	Washtenaw
Kent	Wayne
	Wexford

Section 3 in AWARE covers the characteristics of the participant. All participants shall have a race and ethnicity group description selected and the Ethnic Group descriptions are broken down to seven categories. One ethnicity shall be chosen, and more than one can be chosen. The groups are:

- American Indian or Alaskan Native
- Asian
- Black
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Multiracial

There are three categories in the English Ability Description. AWARE is defaulted to functional.

- Functional shall be selected if the individual's primary language spoken is English.
- Limited shall be selected if the individual speaks a different language.
- Unknown shall only be used in the Personal Information module. Before the participant is determined eligible for services, a selection of functional or limited shall be selected.

There are nine categories to the Primary Language Description. These language categories are:

- Arabic

- Braille
- English
- Korean
- Other Language
- Russian
- Sign Language
- Spanish
- Vietnamese

Section 4 of the Personal Information module covers the Transition/Training information. If the participant is still attending school, the current grade level is needed as well as the name of the current school. Most public schools and colleges are listed. If they are not listed, this field can be left blank and a call to the AWARE Support Help Desk shall be made to add the school to the list.

## **Policy:**

### **Procedures:**

A list of referral source descriptions are available in the Application module in AWARE. AWARE automatically defaults to not completed. However, AWARE will not allow a bypass this and a selection shall be made for one of the following.

- Annual Review of Closed Cases. This selection shall be used as appropriate under the policy regarding Annual Review of Case Closure due to Severity of Disability (7115).
- Cancer Clinical Demonstration Hospital. Participants who are referred for Agency services from any cancer clinical demonstration hospital.
- College or University. Participants who are referred for Agency services from any recognized college or university.
- Community Mental Health Center. Participant referred for Agency services by the local community mental health facility.
- Community Rehabilitation Program (CRP)

- Correctional Institution, Court or Officer.
- Disability Determination.
- Elementary or High School. Participant referred for Agency services by his/her public or private school.
- Employer (Private). Participant referred for Agency services by his/her employer.
- General Hospital. Participant referred for Agency services by a local general or community hospital.
- Independent Living Center.
- Media (TV, Billboard, Newspaper, or Radio). Participant referred to Agency services by Media.
- Mental Health Agency. Participant referred for Agency services by a state mental health agency.

## **Glossary**

Terms unique to the Michigan Rehabilitation Services Workforce Development Policy and Procedural Manual are listed and defined as follows:

- **Abilities**

Measurable skills and competencies. Abilities may be determined, for example, through observation, testing or standardized assessment.

- **Accommodations**

The process of adjusting the physical, psychosocial, or cognitive requirements to enable an individual with a disability to perform required tasks or behaviors. Rehabilitation technology, assistive technology, and task analysis are tools used in the accommodation process. Accommodation services should be considered in each phase of the rehabilitation process.

- **Agency**

When used with a capital “A” refers to Michigan Rehabilitation Services.

- **Applicant**

Someone who has completed and signed an application for Agency services, provided information needed for eligibility assessment, and is available to complete the assessment process.

- **Appropriate Modes of Communications**

These are specialized aids and supports that enable a client to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunications services and audio recordings, Braille and large print materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language materials.

- **AWARE**

The Agency’s Accessibility Web-Based Activity and Reporting Environment

- **Assistive Technology Device**

Any item, piece of equipment, or product system, whether acquired commercially, off-the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Included is any service that directly assists the client in the selection, acquisition, or use of an assistive technology device.

- **Assistive Technology Service**

Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device, including:

- The evaluation of the needs of a client, including a functional evaluation of the client's customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition by the client of an assistive technology device;
- Coordinating and using the other therapies, interventions, or services with assistive technology devices, such as those associated with education and rehabilitation plans and programs;
- Training or technical assistance for a client or, if appropriate, the family members, guardians, advocates, or authorized representatives of the client; and
- Training or technical assistance for professional (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of clients, to the extent that training or technical assistance is necessary to the achievement of an employment outcome by the client.

- **Capabilities**

The potential to produce and perform. The ability to acquire skills, knowledge, or experience. Capabilities may be determined through, for example, vocational testing, work evaluation, or on-the-job evaluation.

- **Clear and Convincing Evidence**

As defined by the Michigan Supreme Court (1995), evidence is clear and convincing when it "produce[s] in the mind of the trier of fact a firm belief or conviction as to the truth of the allegations sought to be established, evidence so clear, direct and weighty and convincing as to enable [the factfinder] to come to a clear conviction, without hesitancy, of the truth of the precise facts in issue . . . Evidence may be uncontroverted, and yet not be 'clear and convincing'. . . conversely, evidence may be 'clear and convincing' despite the fact that it has been contradicted."

- **Client**

Refers specifically to someone who has been determined eligible for Agency services. It is also sometimes used to collectively define all individuals who have active, open cases with the Agency. Sometimes the terms participant, customer, and consumer are used with comparable meaning.

- **Comparable Benefits and Services**

Refers to services and benefits that are available through another source, paid for by another source and meets the rehabilitation needs of the individual to obtain their employment goal.

- **Competitive Work**

Work performed on a full or part-time basis, in an integrated setting for which the client is compensated at or above the minimum wage but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.

- **Counselor**

The Agency rehabilitation counselor, rehabilitation representative, or other personnel authorized to provide counseling services.

- **Disability**

As used in the Rehabilitation Act of 1973 as amended, is a physical or mental impairment that results in a substantial impediment to employment, and which is not temporary.

- **Employment Outcome**

Federally defined to mean entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market to the greatest extent practicable; supported employment; or any other type of employment including self employment, telecommuting or business ownership that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

- **Functional Capacity**

The ability or potential to perform tasks or a job. Examples include mobility, strength, communication, self-care, self-direction, sustained attention, physical endurance, judgment and other cognitive or emotional functions.

- **Impairment**

A loss or abnormality of psychological, physiological or anatomical structure or function.

- **Impediment**

An obstacle or barrier that prevents hinders or impedes.

- **Integrated Setting**

Is defined federally to mean:

“with respect to the provision of services, a setting typically found in the community in which clients interact with non-disabled individuals other than non-disabled individuals who are providing services to those clients; with respect to an employment outcome, setting typically found in the community in which clients interact with non-disabled individuals, other than non-disabled individuals who are providing services to those clients, to the same extent that non-disabled individuals in comparable positions interact with other persons.”



- **Job in Jeopardy**

A person whose job is in jeopardy is in danger of being terminated due to a disability related factor. A job may also be considered in jeopardy if the disability substantially hinders a person's job retention or an individual has confirmation of a restructuring of their position which, due to their disability, they would no longer be able to do, and requires vocational rehabilitation services to retrain for a new position.

- **Rehabilitation Technology**

Defined by the Rehabilitation Act as “the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of and address the barriers confronted by individuals with disabilities. . . . , the term includes rehabilitation engineering, assistive technology devices, and assistive technology services.” Rehabilitation technology includes vehicle modifications, computer assisted speech devices, and computers. By federal regulation, a comparable benefits and services search is not required when purchasing rehabilitation technology.

- **Self-Employment**

The consumer owns, manages and operates the planned endeavor and is not considered to be an employee of another person, business or organization.

- **Small Business**

Independently owned and operated and not dominant in its field. Depending on the industry, size standard eligibility is based on the average number of employees for the preceding 12 months or on sales volume averaged over a three-year period.

- **Statewide Workforce Investment System**

Activities funded under the Workforce Investment Act of 1998 or carried out through a one-stop delivery system that receives funds under WIA.

- **Substantial Services**

Substantial services are services that are provided in the context of a counseling relationship and client informed choice, and make a significant contribution to the individual's employment outcome. They may be provided directly, purchased or arranged.

- **Task Analysis**

The process by which information about the functional demands of a task or situation are systematically identified, quantified, and analyzed.

- **Telecommuting**

Commuting via electronic transmission from a geographically dispersed office where an individual can work at home on a computer and transmit data and documents via telephone lines.

- **Transition Services**

Transition Services are defined federally as a coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post- school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities must be based upon the individual student's needs, taking into account the student's preferences and interests, and must include instruction, community experiences, the development of employment and other post-school adult living objectives, and, if appropriate, acquisition of daily living skills and functional vocational evaluation. Transition services must promote or facilitate the accomplishment of long-term rehabilitation goals and intermediate rehabilitation objectives identified in the student's IPE.